

**Agent Cover Sheet for File**  
**4-356 (Rev. 12-20-67)**

# OF SERVICE

2-26-79  
#61  
personnel  
file consolidated

# ASSIGNMENT HISTORY OF JOSEPH GEORGE DEEGAN

ENTERED ON DUTY AT WASHINGTON, D.C.  
ON JANUARY 29, 1951

MS 090-1202131

[illegible]

## PERFORMANCE RATINGS

DATE	RATING	REMARKS
added 2-26-58	FDH/C16	
Added 5/16/58	FDH/9A	
added 8/26/58	FDH/mk	
" 9-3-58	FDH/mk	
" 3-3-59	FDH/mk	
6-27-60	added FDH: net	
6-12-61	Added FDH: net	
12-18-61	Rec. Reviewer - RPO	
1-10-62	added FDH/mk	
10-22-63	Added FDH: 11t	
11-4-63	" 20H: net	
1-22-64	added FDH/mk	
6-22-64	added + sum, FDH/mk (151)	
9-17-65	Added + Rec. Reviewer - RPO	
10-11-65	added FDH: net	
8-15-66	added FDH: net	
10-1-66	added FDH: net	
added 7-28-66	FDH: net	
GS-10	ENTRANCE SALARY \$9000.00	
SALARY CHANGES		
DATE	GRADE	SALARY
5-20-56	GS-12	\$7570
6-30-57	GS-13	8990
1-12-58	GS-13	9890
12-28-58	GS-13	10,130
6-26-60	GS-13	10,370
7-10-60	GS-13	11,155
12-24-61	GS-13	11,415
10-14-62	GS-13	12,245
12-22-63	GS-13	12,610
1-5-64	GS-13	13,265
7-5-64	GS-13	13,755
10-24-65	GS-14	\$14,660
10-10-65	GS-14	15,188
7-13-66	GS-14	15,629
10-23-66	GS-14	16,152
10-22-67	GS-14	16,675
10-8-67	GS-14	17,425
10-8-67	GS-14	16,897
10-22-67	GS-14	17,425
7-14-68	GS-14	18,641

9-8-68 BS-15 19, 780  
7-13-69 GS-15 21, 589



ON January 29, 1951

## EFFICIENCY RATINGS

DATE	RATING	
Security Review 2/24/56 R.P. Campbell		
GS-10	ENTRANCE SALARY \$5000	
SALARY CHANGES		
DATE	GRADE	SALARY
7-8-51	GS-10	\$5500
2-3-52	GS-10	\$5625
2-1-53	GS-10	\$5750
5-10-53	GS-11	\$5940
11-7-54	GS-11	\$6140
3-13-55	GS-11	\$6605
5-6-56	GS-11	\$6820
5-20-56	GS-12	\$7570

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Long

DATE: 2-10-77

FROM : S. R. Burns

SUBJECT: SA JOSEPH G. DEEGAN  
Section Chief - Domestic Security Section  
General Investigative Division  
(To Retire On 2-25-77)

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Rec. Mgnt. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

## PERMANENT BRIEF

Entered on Duty	1-29-51
Reported to Field	3-27-51
Present Grade and Salary	GS-16, \$39,600
Last Salary Change	10-10-76 - Basic Increase
Age	52 - Born 2-10-1925
Place of Birth	New York, New York
Marital Status	Married - 6 Children
Education	Bachelor of Arts Degree
Language Ability	None
Office of Preference since 3-74	FBI Headquarters
1976 Annual Performance Rating	EXCELLENT
Firearms Ability	Qualified
Immediate Relatives in Bureau	Former Bureau Employee: Sister, <div style="border: 1px solid black; width: 150px; height: 15px; margin: 5px 0;"></div>
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Offices of Assignment:	
3-27-51 assigned	Indianapolis
2-24-52 reported	Detroit
10-18-52 reported	New York
6-4-56 reported	Domestic Intelligence Division
11-19-58 reported	New Orleans
1-19-60 ASRA	Monroe, Louisiana
2-12-62 reported	New York
2-16-64 reported	General Investigative Division
8-19-64 reported	Domestic Intelligence Division
2-14-73 changed to	Intelligence Division
10-9-76 reported	General Investigative Division

Tch  
PTCK:sms  
(2)



5010-108

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ



JOSEPH G. DEEGAN

This employee entered on duty 1-29-51 as a Special Agent (E) in Grade GS-10, \$5000 per annum.

At the conclusion of his training period Mr. H. H. Clegg said he dressed neatly and conservatively, had a friendly and likable personality and good social contact ability. He was enthusiastic about the Bureau's work, and should develop into an average agent. His firearms scores had been somewhat below the average of his class and he needed additional training on the practical pistol course.

On 3-27-51 he was transferred to the Indianapolis Office.

On 5-25-51 SAC Foster rated him SATISFACTORY and said he had indicated an ability to handle investigations assigned to him, and as he progressed in experience, more complicated cases would be assigned to him. There had been every indication that he was progressing satisfactorily in his ability to handle cases. During firearms training, special attention was given to him on the Practical Pistol Course, and he was making satisfactory progress and would be given additional training. He was capable of participating in dangerous assignments.

On 6-30-51 SAC Foster rated him SATISFACTORY.

On 7-8-51 he received a basic increase to \$5500 per annum in Grade GS-10.

During an inspection of the Indianapolis Office in January, 1952, the Inspector (Warren H. Hearn) said he was the subject in a case write-up entitled "Interstate Transportation of Stolen Property," for overlooking a notation in an FBI Laboratory report to the effect that Washington Field was origin. Two subsequent reports failed to show proper office of origin and Washington Field received no copies of these reports. No administrative action was taken.

On 2-3-52 he received a Uniform Promotion to \$5625 per annum in Grade GS-10.

On 2-24-52 he was transferred to the Detroit Office, and on his transfer report SAC Foster rated him SATISFACTORY and said he had handled investigations in the headquarters city and on a road trip basis, and as such had handled a diversified type of investigative activity, including both criminal and applicant types. He had testified satisfactorily in moot court, his dictation ability was satisfactory and he had participated in dangerous assignments. He was interested in his work, was a capable investigator for one of his experience, and was capable of handling the more complicated investigative cases which would be assigned to an agent of his length of service.

On 3-31-52 SAC Robey rated him SATISFACTORY and reiterated the comments contained in the transfer report.

His daily average overtime for March, 1952 was 35 minutes, and he had no travel overtime. In connection with his low overtime for March, 1952, he advised that due to the fact that his wife was ill due to her pregnant condition during the month of March, he found it necessary to spend time at home. He also advised that he had been in the process of house hunting and putting his house in good condition after he had found one. It was noted that his overtime since entrance on duty into the Bureau had been well over the field average and his average for April was over the field average overtime.

His daily average overtime for August, 1952 was 1 hour 30 minutes, with no travel overtime.

He attended In-Service Training from 9-2-52 until 9-12-52.

In a letter dated 9-30-52 he requested a transfer to the New York Office at his own expense. He advised that the reason for his request was due to the fact that his wife was expecting her second child and his three-year old daughter was afflicted with a chronic asthmatic condition and when her condition became aggravated it necessitated his wife giving her much extra attention. He advised that the climate of New York City would not improve his daughter's condition, but the fact that his wife's mother would be able to assist in caring for the children would lessen the strain. He stated in New York they would be near the doctor who had been most successful in treating his daughter and had brought about an improvement in her condition prior to the time they left New York. On three occasions they made trips East, when her condition became serious, in order that the doctor could continue the treatment. He also advised that the house they had been living in was sold and he had been given notice to move and he was confronted with the difficulty of finding suitable living quarters for his family. He said he was not financially able to purchase a home, but would be able to have the home of his wife's parents in New York.

On 10-18-52 he was transferred to the New York Office and on his transfer report SAC Scheidt rated him SATISFACTORY and said he had handled his assignments in a very satisfactory manner and reported the results of his activities by detailed memoranda. He quickly developed a working knowledge of the principal subjects involved in surveillances and very rapidly adjusted himself to the geographical layout of an entirely new area. His cooperation, attitude and enthusiasm for this work had been outstanding. He had an important part in the recent apprehension of six Smith Act subjects in Detroit, and the information obtained by him during the course of various surveillance assignments contributed to determining the pattern of activities of these subjects, which in turn greatly assisted in the apprehension of these subjects. He had continued to develop during the time he had been assigned to the Detroit Office, and it was believed that he had the ability to handle

more complicated investigations. He was available for special and general assignment wherever the needs of the service required.

On 2-1-53 he received a Uniform Promotion to \$5750 per annum in Grade GS-10.

On 3-31-53 SAC Boardman rated him SATISFACTORY and said he had been assigned to the handling of Loyalty of Government Employees investigations of a relatively routine nature. He had handled several security matter cases, and appeared to be developing satisfactorily in adapting himself to this work and it was felt that in the near future he would be capable of handling some of the more complicated and involved cases of the loyalty type. It had been noted in the New York Office that he was outstanding in his industry and the attitude displayed by him. He had proved thoroughly dependable, cooperative, loyal, and energetically applied himself to his work. He had exercised good judgment in handling the work in the office, and it was noted that he had been rated outstanding in this respect in the Detroit Office. The work assigned to him thus far had been of a relatively uncomplicated nature. In connection with his duties he had voluntarily contributed an appreciable amount of overtime.

His daily average overtime for April, 1953 was 1 hour 23 minutes, and he had no travel overtime.

On 5-10-53 he was reallocated to Grade GS-11, \$5940 per annum.

On 3-31-54 SAC Kelly rated him SATISFACTORY saying while assigned to handling Loyalty of Government Employees investigations his industry and attitude were outstanding, he proved himself dependable and cooperative and exercised good judgment in handling his work. While assigned to physical surveillance work he performed his duties in an entirely satisfactory manner. He responded readily on special calls to duty at the sacrifice of his personal convenience. For three months assigned to handling complaints received at this office he demonstrated an excellent ability in meeting the public and in properly processing complaints received. His work reflected a thorough knowledge of Bureau policies and jurisdiction and where necessary he followed complaints through to a logical conclusion. His dictation was excellent.

On 11-7-54 he received a Uniform Promotion to \$6140 per annum in GS-11.

His daily average overtime for February, 1955 was 1 hour 28 minutes.

On 3-31-55 SAC Kelly rated him SATISFACTORY and said while assigned to the Soviet Personnel Intelligence Activities Program he was utilized on physical surveillances conducted in conjunction with this program. Due to his enthusiasm he developed a wide visual acquaintanceship with a large number of Soviet Nationals stationed in, or visiting, New York which information was of inestimable value to this office. He handled all of his assignments in a most satisfactory fashion and he brought to his work good judgment, common sense, dependability, as well as initiative and careful planning. He was available for special and general assignment.

It is noted, on 3-13-55 he received a Basic Increase to \$6605 per annum in Grade GS-11.

His daily average overtime for March, 1955, was 1 hour 38 minutes; for April, 1 hour 51 minutes and for May, 2 hours 4 minutes.

By letter dated 5-21-55, this Agent's father commented on a letter dated 5-11-55 which the Bureau had sent to his daughter (who is employed in the New York Office) while she was in the hospital. He stated he was very proud that his son and daughter were employed in the FBI. This letter was acknowledged on 5-31-55.

By memorandum dated 6-22-55 his SAC advised this agent had expressed a desire to become a police instructor on the subject of "Juvenile Delinquency". At the time of his entrance into the Bureau he was attending Fordham University Graduate School of Social Work in pursuance of his Master's Degree in Social Work. He had had experience in practical field work in a social agency dealing with family problems which had enhanced his experience with juvenile delinquency and family matters. He had also been employed by the Catholic Guardian Society in Brooklyn, whose main function was the guidance of children after they had been released from institutions.

His daily average overtime for June, 1955, was 1 hour 40 minutes.

By memorandum dated 7-6-55 his SAC was advised to have this agent prepare a manuscript on "Juvenile Delinquency," for the purpose of qualifying him as an instructor on that topic.

He attended In-Service Training from 7-18-55 through 7-27-55.

The Director saw this Agent on 7-19-55 and said he made an excellent personal appearance, seemed to be intensely interested in his work, and the Director rated him above average. He, it was believed, gave indication of being able to handle responsibilities of an administrative character and should be considered for the same in the near future.

By memorandum dated 7-28-55 his SAC was advised while this Agent was attending In-Service Training, it was observed he made an excellent personal appearance, appeared to be intensely interested in his work, and he gave every indication of being able to handle responsibilities of an administrative character. The Bureau desired that the SAC consider him for field supervisory duties whenever an appropriate opportunity arose. It was also desired that the SAC advise

of the SAC's personal evaluation of the potentials of this Agent, commenting specifically upon his supervisory ability and whether the SAC considered him as being immediate potential for Seat of Government supervisory assignment.

His daily average overtime for July, 1955, was 1 hour 59 minutes.

His daily average overtime for August, 1955, was 3 hours and for September, 1 hour 47 minutes.

By memorandum dated 10-17-55 his SAC was advised this Agent's manuscript on the subject "The patrolman and Juvenile Delinquency" was generally satisfactory and he was approved as an instructor on juvenile delinquency.

On 10-31-55 SAC Kelly rated him SATISFACTORY and said he had been assigned to the section handling the Soviet Personnel Intelligence Activities Program. He had been utilized on physical surveillances conducted in conjunction with this program. He brought to his work good judgment, common sense, dependability, as well as initiative and careful planning. He had developed a wide visual acquaintanceship with a large number of Soviet Nationals stationed in or visiting New York City. He had had no opportunity to participate in the Informant Program or to prepare or dictate investigative reports. The surveillance logs and memoranda submitted by him had been found to be uniformly satisfactory. He had expressed a desire for administrative advancement, and it was believed that he had the potential for such advancement. He had been afforded some supervisory training as the opportunity presented itself and he would continue to be afforded supervisory training. As he had a good supervisory potential, it was believed that advancement for him along administrative lines should consist of further supervisory training in the field, and either a field supervisory position or supervisory assignment at the Bureau as the needs of the service dictate.

His daily average overtime for October, 1955, was 1 hour 48 minutes; for November, 1 hour 48 minutes; and for December, 2 hours 4 minutes.

By memorandum dated 1-3-56 he was approved as a street surveillance relief supervisor.

His daily average overtime for January, 1956, was 2 hours 36 minutes.

By memorandum dated 2-15-56 his SAC recommended he be afforded Inspector's Aide Training. He had expressed interest in administrative advancement and was available for special assignment.



His daily average overtime for February, 1956 was 1 hour 49 minutes.

He attended Criminal In-Service training and Juvenile Delinquency School from 3-5 to 3-17-56.

Memorandum dated 3-22-56 reflected that he had been trained as an In-spector's Aide.

On 3-31-56 SAC Kelly rated him SATISFACTORY and said he was assigned to Soviet surveillances under the Intensification Program. He had a commendable interest in and attitude toward his work, to which he brought good judgment, sound common sense, as well as initiative and careful planning. He was resourceful and capable of taking appropriate action on his own responsibility, as well as capable of working under pressure. He had progressed to the point where he was considered an above average surveillance agent and his thorough knowledge of the requirements of the Program and his wide visual knowledge of Soviets were of inestimable value. He had expressed a desire for administrative advancement. He had demonstrated he was able to handle responsibilities of an administrative nature and that he had the potential for administrative advancement. He possessed the qualities of leadership, sound judgment, ability to handle personnel and emotional stability. Advancement for him along administrative lines should consist of further supervisory training in the field and either a field supervisory position or supervisory assignment at the Bureau, as the needs of the service dictate.

His daily average overtime for March, 1956 was 3 hours 13 minutes.

By memorandum dated 4-12-56 his SAC recommended that he be reallocated to Grade GS-12; however, no action was taken inasmuch as his record did not warrant accelerated consideration.

His daily average overtime for April, 1956 was 2 hours 49 minutes.

Memorandum dated 5-1-56 reflected that he assisted Inspector Keay in the inspection of the Boston Office. He had an above-average interest in his assignment, used a serious, conscientious approach to his work and did an excellent job for a new aide. His paper work was satisfactory for a new aide and he did a very satisfactory over-all job.

On 5-6-56 he received a uniform promotion to \$6820 per annum in GS-11.

By letter dated 5-14-56 he was advised that he was being reallocated to Grade GS-12, \$7570 per annum effective 5-20-56.

His daily average overtime for May, 1956, was 1 hour 28 minutes.

On 6-1-56 SAC Kelly rated him SATISFACTORY and said he was qualified to go on dangerous assignments. He had been utilized as a Team Surveillance Captain and had also been quite satisfactorily utilized as a Relief Street Surveillance Supervisor. He had continued to display a commendable interest in and an excellent attitude toward his work. He brought to his assignments good judgment, common sense, as well as initiative and careful planning. He had displayed the ability to work under pressure. He was an above average surveillance agent. He had demonstrated he had the potential for administrative advancement. It was felt that he was qualified to handle more involved matters. He had expressed a desire for administrative advancement. It was believed that he definitely had the potential for such an advancement and this advancement should take the form of a supervisory position in the field or at the Seat of Government.

On 6-4-56 he was transferred to the Domestic Intelligence Division and assigned to Supervisory duties in the Espionage Section.

By memorandum of 6-15-56 authority was granted for him to classify, declassify, upgrade or downgrade defense information as long as he serves in the Domestic Intelligence Division.

His daily average overtime for June, 1956, was 1 hour 50 minutes and for July, 2 hours 18 minutes.

Effective 7-16-56 he assumed supervision of desk in Atomic Energy - Security Unit, in the Domestic Intelligence Division.

On 8-4-56 Mr. Belmont rated him SATISFACTORY and said he was obviously interested in his work. He had handled security work in the field. He had conscientiously applied himself to learning supervisory procedures and practices and to acquiring the necessary "know how" of application. He proceeded on his own initiative and had handled a heavy volume of work. He had made consistent progress.

His daily average overtime for August, 1956, was 2 hours 19 minutes and for September, 2 hours 4 minutes.

By letter of 10-24-56 he was thanked for his suggestion of 10-17-56, concerning inspections of field divisions. It had been concluded that the present inspection program should be continued and his suggestion was not adopted.

His daily average overtime for October, 1956, was 1 hour 57 minutes; for November, 2 hours 14 minutes; for December, 2 hours 3 minutes; for January, 1957, 2 hours 45 minutes; and for February, 2 hours 9 minutes.

On 3-31-57 Mr. Belmont rated him EXCELLENT and said he had demonstrated the ability to handle complicated investigative matters. There were no limitations on his availability. He had adjusted to supervisory assignments in an entirely satisfactory manner. He had demonstrated good judgment. He willingly accepted instructions and considering the short length of time of his assignment as a Supervisor and his limited prior supervisory experience, he was making a substantial contribution. He was definitely interested in advancement and desired to do so as rapidly as possible. He had exhibited his potentiality for advancement. It was not felt that he was presently qualified to assume the duties of an ASAC in the field service. He had had limited administrative experience and it was believed that he should gain additional experience which he was doing in his present assignment.

His daily average overtime for March, 1957, was 2 hours 49 minutes; for April, 1 hour 55 minutes; and for May, 2 hours 3 minutes.

By memorandum of 6-4-57 Mr. Branigan recommended his promotion to GS-13.

On 6-30-57 he was Promoted to Grade GS-13, \$8990 per annum and he expressed appreciation for this promotion by letter.

His daily average overtime for June, 1957, was 2 hours 20 minutes; for July, 1 hour 46 minutes; and for August, 2 hours 13 minutes.

On 9-23-57 he assumed supervision of matters regarding non-official Soviets coming to U. S.

Memorandum of 9-26-57 reflected that he had been afforded tour training and was qualified to take special tours should the need arise.

His daily average overtime for September, 1957, was 2 hours 9 minutes; for October, 2 hours 7 minutes; for November, 1 hour 46 minutes; and for December, 2 hours 11 minutes.

On 1-12-58 he received a Basic Increase to \$9890 per annum in GS-13.

His daily average overtime for January, 1958, was 1 hour 55 minutes.

By memorandum of 2-19-58 he was COMMENDED inasmuch as he reported for work on 2-18-58, notwithstanding the extremely hazardous travel conditions.

His daily average overtime for February, 1958, was 2 hours 21 minutes.

By letter dated 3-20-58 he was CENSURED inasmuch as attention had been directed to his failure to discover an error that appeared in an official communication dated 3-14-58, prepared by him and directed to Mr. [REDACTED]. The mistake was corrected at the Bureau; nevertheless, it was apparent that he did not review this item of correspondence with sufficient care.

On 3-31-58 Mr. Belmont rated him EXCELLENT and said he had demonstrated his ability to handle complicated investigative matters and it was believed that he could function effectively on raids and dangerous assignments. There were no limitations on his availability. He was assigned to the Sovme Unit. He endeavored to give his best efforts at all times. He effectively handled a large volume of work using good judgment. He was acquiring a sound understanding of Bureau policy and procedure. He volunteered for assignments and was discharging his responsibilities in an entirely capable manner. He was interested in administrative advancement and was completely available for any assignment. He had the potential for further administrative advancement. It was not believed that he could assume the duties of an ASAC or SAC in the field service at this time. It would appear that he needed further experience and further polish. He was progressing in an entirely satisfactory manner and he was gaining the experience and knowledge of Bureau policy in his present assignment.

His daily average overtime for March, 1958, was 1 hour 52 minutes; for April, 2 hours 13 minutes; for May, 1 hour 56 minutes; for June, 2 hours 45 minutes; and for July, 2 hours 39 minutes. His daily average overtime for August was 2 hours 14 minutes.

By memorandum dated 9-2-58 Mr. Belmont stated he had advised SA Deegan that the number of supervisors in the Domestic Intelligence Division was being reduced, and that SA Deegan would undoubtedly want to know why he was selected. Mr. Belmont told him that in his last efficiency report it had been stated it was not believed he could assume the duties of an ASAC or SAC at this time, and that he needed further experience and polish. Mr. Belmont told him he checked with his section chief and that SA Deegan had some difficulty with his paper work, and also was a bit slow in getting to the heart of a problem and working out immediate steps to handle it in comparison to other supervisors. SA Deegan said he had been on surveillance work for a considerable period of time before coming to Washington and that he thought he had made considerable progress. Mr. Belmont agreed with him, and told him that his services

as a supervisor had been satisfactory, and told him that this was not a question of dissatisfaction with his work. Mr. Belmont recommended that he be transferred to the field.

By memorandum dated 9-3-58 Mr. H. L. Edwards made reference to Mr. Belmont's memorandum dated 9-2-58 recommending SA Deegan's transfer to the field, and said SA Deegan had not been interviewed to date by any of the Special Interview Committee, nor had he been interviewed in the course of the Domestic Intelligence Inspection. Mr. Edwards said during the Inspection two situations reflecting upon SA Deegan's work had been encountered; (however, it is noted no administrative action was taken against SA Deegan as a result of the Inspection). Mr. Edwards stated there was nothing in SA Deegan's 3-31-58 performance rating or any subsequent communications indicating he had any difficulty getting to the heart of a problem and working out immediate steps to handle it. Mr. Edwards checked with Mr. Belmont who stated that SA Deegan was considered one of the six weakest supervisors in the Division although Mr. Belmont still maintained that his work at present was satisfactory. Mr. Edwards felt that SA Deegan should not have been rated Excellent on 3-31-58 if he had the weakness now attributed to him, and that difficulty in getting to the heart of a problem should certainly have prevented him from being rated Excellent in Grade GS-13. The Director noted, "I certainly concur."

On 9-3-58 the Director saw SA Deegan who had been recommended by Mr. Belmont for release to the Field. Mr. Deegan stated that when Mr. Belmont advised him of the action he was taking, SA Deegan was somewhat surprised as he thought he had been doing a satisfactory job. The Director told SA Deegan that insofar as the record showed, he had been satisfactory as a supervisor but it was the feeling of Mr. Belmont that he needed more seasoning in the field, and it was for this reason he was being sent to the field to obtain additional seasoning. SA Deegan indicated he wanted to make the Bureau his career and he would take hold of his assignment in the field with enthusiasm and endeavor to advance in the Bureau's service.

By letter dated 9-4-58 he was ordered under transfer to the New Orleans Office. By memorandum dated 9-9-58 Mr. Belmont stated this Agent advised his wife was expecting a child the middle of October, and her doctor indicated it would be undesirable to move her before the birth of the baby. By letter dated 9-16-58 he was ordered to report to the Washington Field Office on temporary assignment until such time as his wife was able to travel. By letter dated 9-17-58 he thanked the Director for his temporary assignment to the Washington Field Office.

On 9-26-58 Mr. Branigan rated him EXCELLENT and said he had been assigned to the supervision of miscellaneous espionage investigations in the Soviet

nationality field. He handled the investigations involving Soviet attempts to convert looted German bonds, pro-Russian organizations and possible violations of the Registration Act, investigations of Soviet individuals emigrating to the United States through China, investigations involving persons in organizations suspected of Soviet propaganda activity, and he was the supervisor who handled the Bureau's special program investigating Soviet efforts to utilize the identities of deceased infants for espionage purposes. He was an conscientious employee who endeavored to give his best effort at all times, he had demonstrated ability to handle a volume of work effectively, and his handling of the afore-mentioned special program known as SOVROB had been particularly effective. In this program, he had supervised a number of investigations and unusual investigative techniques in a noteworthy manner. It had been necessary to return memoranda to him on occasion for reworking. This difficulty was not of a degree which should detract from his over-all rating of excellent and had been taken into consideration in rating him satisfactory on initiative and resourcefulness and ingenuity. His performance had been entirely capable.

On 9-29-58 he reported to the Washington Field Office on temporary assignment.

His daily average overtime for September was 1 hour 48 minutes, and for October was 1 hour 46 minutes.

By letter dated 11-13-58 he was <sup>2</sup>COMMENDED for the very fine manner in which he handled an emergency situation in connection with the apprehension of [redacted], subject of an Interstate Transportation of Stolen Motor Vehicle case.

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On 11-17-58 SAC Boardman rated him EXCELLENT and said he had immediately adapted himself to his assignments, that of handling leads in applicant matters in the various counties surrounding Washington, D. C. His inserts were prepared in an accurate, concise, and intelligent fashion and his over-all performance had been excellent.

On 11-19-58 he arrived under transfer to the New Orleans Office. It is noted he had advised his SAC on 11-14-58 that his wife had not as yet given birth but he desired to depart for New Orleans so that he could become established sooner in his new duties and re-establish his household that much sooner in New Orleans.

By letter dated 11-21-58 he was congratulated on the birth of his son.

His daily average overtime for November was 2 hours 17 minutes.

On 12-28-58 he received a Uniform Promotion to \$10,130 per annum in Grade GS-13.

His daily average overtime for December was 2 hours 36 minutes, and for January, 1959, was 3 hours 08 minutes.

His daily average overtime for February, 1959, was 2 hours 42 minutes.

On 3-9-59 he was approved as a Relief Supervisor in the New Orleans Office.

On 3-31-59 SAC R. W. Bachman rated him EXCELLENT and stated he was assigned as Security Supervisor at the Seat of Government, handled applicant matters in Washington Field Office, and had handled general criminal type cases in the New Orleans Division since his transfer on 11-19-58. He was capable of handling complicated security, criminal and applicant investigations. He was capable of participating in raids and dangerous assignments. He was available for any assignment. Since his arrival in the New Orleans Division, he had developed one Potential Criminal Informant and was contacting one Potential Criminal Informant. He had testified in a satisfactory manner. He was interested in, completely available for and considered completely qualified for administrative advancement.

His daily average overtime for March, 1959, was 2 hours 54 minutes; April, 1 hour 50 minutes.

He was <sup>3</sup>COMMEDED, through his SAC, on 5-22-59 for his competent participation in the apprehension of I. O. Fugitive [redacted], subject of an Unlawful Flight to Avoid Prosecution-Burglary case.

His daily average overtime for May, 1959, was 3 hours 15 minutes; June, 1 hour 51 minutes; July, 1 hour 59 minutes; August, 1 hour 39 minutes; September, 2 hours 26 minutes; October, 2 hours 27 minutes; November, 2 hours 18 minutes.

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On 12-22-59 he was <sup>4</sup>COMMEDED, through his SAC, for his assistance in connection with the investigation of the Unlawful Flight to Avoid Prosecution-Murder case involving [redacted].

His daily average overtime for December, 1959, was 2 hours 11 minutes.

On 1-19-60 he was transferred as Alternate Senior Resident Agent at Monroe, Louisiana.

During an Inspection of the New Orleans Office in January, 1960, the Inspector (P. R. Bibler) stated during the 3 months prior to the inspection he closed an average of 8.3 cases per month. His squad average was 7.8. His voluntary overtime averaged 2'19" per day during this period. His adjusted time in the office averaged 15.4%. This was discussed with him. He advised that this was partially due to the extra paper work in completing his assignments in Headquarters City and preparing for his transfer to Monroe. He was advised that it would be necessary for him to reduce this time and to spend the maximum



amount of time on productive work. He had developed no informants but stated that he understood the importance of developing informants and would make it a point to make the informant coverage in his Resident Agency as effective as possible. SA Deegan advised that he was extremely interested in administrative advancement. The Inspector recommended that SA Deegan be continued in his present assignment. He was extremely interested in administrative advancement and it appeared that he had good potential for advancement; however, it was noted that in connection with his transfer to the field it was felt that he needed additional experience and it was believed that his present assignment in a Resident Agency will provide valuable experience. It was felt he should not be considered for administrative advancement therefore until he had had several months in the Resident Agency and his progress had been further evaluated.

His daily average overtime for January, 1960, was 1 hour 51 minutes.

He was <sup>✓</sup>~~CENSURED~~ on 2-24-60 inasmuch as the recent inspection reflected there was a delinquency chargeable to him in connection with his performance of supervisory duties. In the Ascertaining Financial Ability case involving [REDACTED], a request was received from the United States Attorney's office to ascertain money, bank accounts or other assets of the subject and although he approved reports dated 3-30-59, and 6-30-59, he did not assure that such investigation was performed in its entirety.

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His daily average overtime for February, 1960, was 3 hours 18 minutes.

On 3-31-60 SAC R. W. Bachman rated him EXCELLENT and stated he had handled general criminal, applicant, and security type cases, and prior to his assignment to the Monroe Louisiana Resident Agency on 1-19-60 he performed the duties of a relief supervisor in headquarters city. He was capable of handling complicated security, criminal and applicant investigations, requiring less than average supervision. There were no limitations affecting his performance and he was available for any assignment. He was capable of participating in and leading raids and dangerous assignments. He had developed three Potential Criminal Informants and was handling two Potential Criminal Informants. He had testified in an excellent manner. He was interested in, completely available for and considered completely qualified for administrative advancement. His qualifications in this regard were considered Excellent.

His daily average overtime for March, 1960, was 3 hours 54 minutes.

By letter dated 4-28-60 SAC recommended that Unless Advised to the Contrary by the Bureau SA Deegan was not being continued as a relief supervisor since he was assigned outside headquarters city.

His daily average overtime for April, 1960, was 3 hours 37 minutes, May, 3 hours 39 minutes.



On 6-26-60 he received a Uniform Promotion to \$10,370 per annum in GS-13.

The Director saw him on 6-27-60 and stated he made an average appearance, seemed to be interested in his work and rated him above average. Mr. Deegan expressed to the Director the desire to advance to greater responsibilities in the Bureau and the Director told him this would be noted in his file.

His daily average overtime for June, 1960, 2 hours 36 minutes.

He attended Security In-Service Training 7-2-60 to 7-7-60.

On 7-10-60 he received a Basic Salary Increase to \$11,155 per annum in GS-13.

His daily average overtime for July, 1960, 6 hours 9 minutes, August, 3 hours 15 minutes, September, 3 hours 16 minutes, October, 3 hours 10 minutes, November, 3 hours 57 minutes, December, 1960, 5 hours 15 minutes.

By letter dated 1-29-61 he received the Bureau's Ten-Year Service Award Key.

His daily average overtime for January, 1961, 4 hours 37 minutes, February, 1961, 3 hours 52 minutes.

Memorandum to Mr. Mohr from Mr. J. F. Malone dated 3-6-61 reflected that on 3-1-61 SA Deegan asked to see Assistant Director Malone at Tampa. He stated that the purpose of his request was to go on record as being extremely desirous of advancing in the Bureau. He pointed out that he had been in the Bureau since 1-29-51 and was a career employee. He would like to "move up the ladder." In retrospect he pointed out that from 1957 to 1959 he worked in the Domestic Intelligence Division at the Seat of Government. In 1959 when there was a "cutback" in personnel in the Domestic Intelligence Division, he was transferred back to the field. At that time, he went to see the Director to discuss his transfer and to let the Director know of his desire to advance in the Bureau. The Director assured him that his record was good but it was felt that he needed a little more "seasoning" in the field. He was transferred to New Orleans where he was used as a relief supervisor before being assigned to Monroe, Louisiana, as a Resident Agent. He made a good impression and his appearance was above average. His attitude and enthusiasm were particularly commendable. He was a very hard worker. It was recommended that his desire to advance in the Bureau be made a matter of record for future consideration.

Memorandum dated 3-13-61 reflected he assisted Inspector [redacted] in the inspection of the Tampa and Mobile inspections in February and March, 1961. He conducted the Bank Robbery Survey, assisted in review of various file classifications, and also participated in various administrative assignments, such as check of supervisory overlap and #1 and #2 Registers. In addition, he handled the Security and Security Informant Surveys in Mobile, as well as checks of Plant Informants and other assignments. He contributed a suggestion memorandum concerning an Ascertaining Financial Ability case in Tampa. He conducted his surveys and other assignments in a competent and very satisfactory manner. He evidenced considerable interest in carrying out his assignments thoroughly and utilized a thorough knowledge of Bureau rules and procedures to good advantage in the process. He exhibited familiarity with inspection procedures and his paper work was submitted in a very satisfactory manner, with a less than average amount of supervision. He was available for general or special assignments, and had indicated he desired to advance administratively. He handled his assignments very well and it was considered that he possessed very good potential and qualifications for future administrative advancement. He was rated Satisfactory.

On 3-31-61 SAC Bromwell rated him EXCELLENT and stated he was capable of handling any type of complicated investigation, with the exception of accounting cases. He was capable of participating in raids and dangerous assignments. He had handled general criminal and applicant cases in the Monroe, Louisiana, Resident Agency. He was a qualified dictator. He produced an above average volume of work with less than average supervision. He had exhibited considerable administrative ability. He had developed 8 Potential Criminal Informants and was handling 5 Potential Criminal Informants. He was considered an excellent government witness. As Alternate Senior Resident Agent in a three-man Resident Agency at Monroe, Louisiana, he was entirely suitable for his assignment. He was interested in, available for and considered qualified for administrative advancement. His qualifications in this connection were considered Excellent.

His daily average overtime for March, 1961, 3 hours 24 minutes.

During an inspection of the New Orleans Office in April, 1961, Inspector R. K. Moore stated he made a very favorable appearance, was personable and exhibited an excellent attitude toward the Bureau and toward his work. His performance met standards of an excellent Agent. His case load and overtime were above average for the office and his statistics in convictions, fugitives and recoveries were good. The number of cases closed by him for the past three months was slightly below the office average, but it was

noted he was away from his Resident Agency for several weeks during that time on an inspection assignment. He had developed several Potential Criminal Informants since the last inspection and currently had two Potential Criminal Informants and four Criminal Informants assigned to him. He was within desirable weight limits. He was available for special or general assignment. He was very interested in administrative advancement. During the period covered by this inspection, he was a participant in two police schools, affording 18 hours of instruction on general police matters. His lectures had been monitored by the SAC, who rated his presentation as good and his material as well organized. In March, 1960, he was commended by Louisiana State University for the excellent quality of instruction given by him in connection with its police training program. His record reflected excellent all-around ability as an Agent and he exhibited qualifications which would warrant a rating of good as to his potential for future administrative responsibilities.

His daily average overtime for April, 1961, 3 hours 15 minutes, and May 4 hours 58 minutes.

He attended a Civil Rights Refresher Training School from 6/12-23/61.

On 6-14-61 the Director saw SA Deegan, who was attending the Civil Rights Refresher Course, and stated he made a good, substantial appearance, seemed to be interested in his work, and he would rate him above average. The Director stated Mr. Deegan called to pay his respects and also to inform him that his service in the field since November, 1958, had materially helped him to develop. He wanted to make the Bureau his career and desired to be considered for advancement in the service commensurate with what the Bureau considered him fitted to do. The Director remarked that this Agent's attitude was particularly wholesome, and he believed consideration should be given to assigning Mr. Deegan additional responsibilities so that he could advance in the service.

His daily average overtime for June, 1961 was 1 hour 48 minutes.

On 7-25-61 he was afforded the Army Language Aptitude Test - 1. He scored A-19, C-21 and D-6.

His daily average overtime for July, 1961 was 3 hours 3 minutes; August 3 hours 16 minutes; September 3 hours 52 minutes; October 2 hours 57 minutes; November 2 hours 58 minutes.

On 12-24-61 he received a Uniform Promotion to \$11,415 per annum in GS-13.

His daily average overtime for December, 1961, was 2 hours 53 minutes; January, 1962, 3 hours 54 minutes.

On 2-12-62, he was transferred to the New York Office, this being an office of preference transfer. His SAC was instructed to consider him for supervisory responsibilities at the time his record warranted such action. On his transfer performance report SAC Maynor rated him EXCELLENT.

His daily average overtime for February, 1962, was 1 hour 31 minutes.

On 3-31-62, SAC Foster rated him EXCELLENT and stated that during a portion of the rating period he was assigned to the New Orleans Office where he was resident agent at Monroe, Louisiana, and in that capacity he handled the general criminal matters, applicant cases and sensitive civil rights matters. Since his arrival in the New York Office he had been assigned security cases involving subjects whose identity or whereabouts were unknown, investigation of members of the Nation of Islam and security leads from other offices. He had been able to handle the more complicated assignments while in the New Orleans Office with less than average supervision. Since his assignment to the New York Office he required average supervision as he was just acquainting himself with the type of security work handled by the squad to which he was assigned. There were no limitations on his availability and he was interested in, available for, and had excellent qualifications for administrative advancement.

His daily average overtime for March, 1962, was 2 hours 16 minutes; April, 2 hours 14 minutes; May, 2 hours 38 minutes; June, 2 hours 27 minutes; July, 1 hour 49 minutes.

By letter dated 8-14-62, he was approved as a Relief Supervisor of the New York Office.

His daily average overtime for August, 1962, was 2 hours 1 minute; September, 2 hours 28 minutes; October, 2 hours 13 minutes.

Effective 10-14-62, he received a Basic Increase to \$12,245 per annum in Grade GS-13.

By letter dated 11-30-62, the Director's condolences were expressed to him on the passing of his father. He expressed appreciation for the Director's expression of sympathy.

His daily average overtime for November, 1962, 1 hour 26 minutes; December, 2 hours 46 minutes; January, 1963, 1 hour 56 minutes.

By letter dated 2-28-63, APPRECIATION was expressed to him for his suggestion in connection with the form he devised for use in taking signed statements. His suggestion WAS NOT ADOPTED.

His daily average overtime for February, 1963, was 2 hours 13 minutes.

On 3-31-63, Mr. Malone rated him EXCELLENT, and reported that he made an excellent personal appearance. He was capable of handling complicated and involved investigations and he had displayed excellent judgment and clearness of thought when working under pressure. He had the ability and disposition to dominate a situation when it was warranted. He was an experienced, mature investigator whose maturity and good judgment had enabled him to meet people from all stations in life with ease and self-assurance. He was particularly effective in his contacts and he had produced an above-average volume of work with a minimum amount of supervision. He had shown an excellent attitude and had equitably shared the work load. There were no limitations on his availability and he was interested in and available for administrative advancement. He appeared to have an excellent potential for administrative advancement as soon as he becomes more familiar with his current assignments.

His daily average overtime for March, 1963, was 2 hours 9 minutes; April, 1 hour 56 minutes; May, 2 hours 14 minutes; June, 2 hours 22 minutes; July, 2 hours 8 minutes; August, 1 hour 20 minutes; September, 2 hours 24 minutes; October, 2 hours 36 minutes; November, 2 hours 10 minutes.

The Director saw him on 11-4-63 and stated he made a substantial personal appearance, seemed to be intensely interested in his assignment and rated him above average. It was felt he had potentialities for greater responsibilities in the service.

He attended Specialized Interstate Transportation of Stolen Property In-Service #1 from 11-4-63 to 11-15-63.

His daily average overtime for December, 2 hours 32 minutes.

On 12-22-63 he received a Within Grade Increase to \$12,610 per annum in GS-13.

On 1-5-64 he received a Basic Salary Increase to \$13,265 per annum in GS-13.

On 1-29-64 he was ORDERED UNDER TRANSFER to the General Investigative Division to serve as a Supervisor in the Civil Rights Section at no change in grade or salary.

His daily average overtime for January, 1964 was 3 hours 28 minutes.

On his Transfer Performance Report dated 2-14-64, Assistant Director in Charge Malone rated him EXCELLENT and reported he had been assigned to the General Criminal Section handling Interstate Transportation of Stolen Property matters and primarily check matters and Fraud By Wire cases. He generally handled the complicated and involved cases. As an investigator he had demonstrated excellent judgment and thoroughness, outstanding ability to work under pressure; as a Relief Supervisor he had demonstrated excellent administrative ability in his handling of the men as well as assignment of cases. His matureness and good judgment excellently demonstrated his aualifications for supervisory position. He presented an excellent personal appearance and by the nature of his work, he had been able to meet with people from different walks of life with ease and self-assurance. He had an outstanding attitude towards his work and the Bureau and had equitably shared the work load of the New York Office. He was qualified to participate in raids and dangerous assignments. He had handled 9 Potential Criminal Informants and currently had 4 Potentials. He had testified before the U. S. Commissioner and the Federal Grand Jury on numerous occasions in an excellent manner. He was a General Police Instructor and had been used on numerous occasions. He was considered an excellent instructor. He was available for general and special assignment. He was interested in, available for, and considered completely qualified for administrative advancement with Excellent qualifications. This report was also considered his 1964 annual performance report.

On 2-16-64 he arrived under TRANSFER to the General Investigative Division and on 2-17-64 reported for assignment to the Civil Rights Section and supervisory duties in the Organizations Unit.

His daily average overtime for February, 1964 was 1 hour 48 minutes, and March 2 hours 10 minutes.

On a 60-day performance report dated 4-20-64, SA C. L. McGowan, Section Chief rated him EXCELLENT and reported during his first 60-day assignment to the Organizations Unit, Civil Rights Section, he supervised certain offices in the handling of Racial Matters, Bombing Matters, Federal Train Wreck cases and Destruction of Aircraft or Motor Vehicle investigations. He had displayed a good understanding of the Bureau's objectives and responsibilities in connection with all phases of these matters, particularly with regard to the numerous problems received in the sensitive racial field. He was a hard worker and applied himself conscientiously. He was thorough in reviewing material submitted by field offices and made every effort to insure that the field was properly discharging their obligations. In addition, he had been assigned the administrative handling of all racial informants. He exercised good judgment and common sense in performing his duties and was forceful and aggressive as needed. He had quickly grasped his responsibilities as a Supervisor at the Seat of Government. He was interested in and available for administrative advancement and was not con-

sidered qualified at this time for such advancement as it was felt he needed additional experience as a Supervisor at the Seat of Government.

His daily average overtime for April, 1964 was 2 hours 29 minutes; May 2 hours 18 minutes; June, 3 hours 16 minutes; July, 4 hours 45 minutes.

On 7-5-64 he received a Basic Salary Increase to \$13,755 per annum in Grade GS-13.

On 8-19-64 he arrived on TRANSFER in the Domestic Intelligence Division, and was assigned to the Internal Security Section.

On his transfer performance report he was rated EXCELLENT.

His daily average overtime for August, 2 hours 32 minutes; September, 2 hours 14 minutes.

On 10-19-64 his performance was rated EXCELLENT and comments stated he had been assigned to the Klan-Hate Group Unit in the Internal Security Section since 8-19-64. He supervised all racial informants and sources. He demonstrated a good understanding of Bureau objectives and responsibilities in connection with the currently explosive racial situation in the United States. He was interested in, available for and considered to have potential for administrative advancement. He needed additional experience as a supervisor at SOG before he could be considered qualified for further advancement.

His daily average overtime for October, 1 hour 50 minutes; November, 3 hours 25 minutes; December, 1964, 2 hours 40 minutes; January, 1965, 2 hours 21 minutes; February, 2 hours 20 minutes.

By letter 3-31-65 he was <sup>5</sup>COMMENDED for his excellent supervision from the SOG of the handling of a confidential source who furnished vital information relative to the investigation of the Civil Rights case involving [redacted] and others.

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On 3-31-65 his performance was rated EXCELLENT and comments stated he supervised all racial informants and sources, being assigned to the Klan Unit in the Internal Security Section. He demonstrated that he possessed a good understanding of the Bureau's objectives and responsibilities in connection with the currently explosive racial situation in the United States. He was a hard worker, applied himself conscientiously to his responsibilities and handled a large volume of correspondence. His work in the Informant Program was excellent and performance as a witness outstanding. He was interested in, available for and considered excellently qualified for administrative advancement.

His daily average overtime for March, 3 hours 7 minutes; April, 2 hours 21 minutes; May, 2 hours 17 minutes; June, 2 hours 30 minutes; July, 2 hours 33 minutes; August, 2 hours 31 minutes.



By memorandum dated 9/16/65 he was recommended for Grade GS-14 promotion. Mr. Belmont concurred in this recommendation.

He was interviewed 9/30/65 by the Screening Committee who was of the opinion that SA Deegan possessed the basic personal qualifications for administrative advancement but before being considered fully qualified for same he should receive additional experience at the Seat of Government. It was so recommended and approved on 10/7/65.

His daily average overtime for September, 2 hours 14 minutes.

On 10/10/65 he received a Basic Increase to \$14,660 per annum in GS-13.

On 10/24/65 he was PROMOTED to Grade GS-14, \$15,188 per annum. In a letter to the Director, he expressed his appreciation for the Grade Promotion.

His daily average overtime for October, 2 hours 19 minutes; November, 2 hours 35 minutes; December, 2 hours 6 minutes.

By letter dated 1/31/66 he was <sup>6</sup>COMMENDED for the outstanding attitude he exhibited in reporting for duty 1/31/66 despite extremely hazardous travel conditions.

His daily average overtime for January, 1966, 2 hours 24 minutes.

By letter dated 2/17/66 APPRECIATION was expressed for his suggestion regarding methods which might be used to advantage in our applicant recruitment program. His suggestion was not adopted.

His daily average overtime for February, 2 hours 11 minutes.

On 3/31/66 he received a rating of EXCELLENT with comments stating he was fully qualified to participate in raids and dangerous assignments. He supervised the Racial Informant Desk in the Klan Unit. He was completely responsible for all informants and sources developed in the racial field. He had handled the numerous and complex problems of this particularly sensitive area of the Bureau's operations with excellent judgment and with a minimum of supervision. He had fully demonstrated his ability to handle complicated investigative matters. He had a firm grasp of Bureau policies and procedures. He was interested in, completely available for, and his qualifications were considered excellent for administrative advancement.

His daily average overtime for March, 2 hours 29 minutes; April, 2 hours 6 minutes; May, 2 hours 8 minutes; June, 3 hours 28 minutes.

On 7/3/66 he received a Basic Increase to \$15,629 per annum in GS-14.



His daily average overtime for July, 1966, 2' 4"; August, 2' 8".

By letter dated 8-23-66 he received a CASH AWARD in the amount of \$200 in recognition of his outstanding performance of his duties over an extended period of time in the Internal Security Section in the supervision of racial source matters.

By letter dated 8-31-66 he was <sup>7</sup>COMMEDED through Mrs. Sullivan for the splendid work he had done in connection with the preparation of comprehensive briefs of interest to the Bureau on a confidential matter.

His daily average overtime for September, 1966, 2' 28"; October, 2'.

On 10-23-66 he received a Within grade increase to \$16,152 in GS-14.

His daily average overtime for November, 1966, was 2'01"; December, 2'31"; January, 1967, 2'01".

By letter dated 2-21-67 he was <sup>8</sup>COMMEDED for the excellence of his supervision from the Seat of Government of a confidential program of concern to the FBI in the racial field. (Re: HORIP; Counterintelligence Program; Disruption of Hate Groups).

His daily average overtime for February, 1967, was 2'07".

By letter dated 3-29-67 he received an <sup>2</sup>INCENTIVE AWARD in the amount of \$50.00 in recognition of the saving to be realized from the suggestion submitted by him and an associate regarding the utilization of a pre-printed form by the Internal Security Section in the handling of certain confidential matters which was adopted.

On 3-31-67 he was rated EXCELLENT with comments that he was qualified to participate in raids and dangerous assignments, and had no limitations on his availability. During the first part of the rating period he was responsible for the supervision of the Bureau's Racial Informant Program and during the latter part had been Supervisor-In-Charge of the Klan Unit of the Internal Security Section and in that capacity still retained over-all responsibility for the investigation of Klan organizations. He had participated in the informant program and was interested in, available for, and considered to have excellent qualifications for administrative advancement.

His daily average overtime for March, 1967, was 2'18"; April, 2'02".

He assisted in the inspection of the General Investigative Division from 5-10 - 24-67. He coordinated the inspection in the Civil Rights Section and reviewed the work of other Aides assigned to this Section. His over-all rating was EXCELLENT.

His daily average overtime for May, 1967, was 2'04"; June, 2'29"; July, 1967, 2'25".

By letter dated 8/9/67 he was <sup>9</sup>COMMEDED along with other personnel, through Mr. Sullivan, for their splendid efforts in connection with information which was presented to the President's National Advisory Commission on Civil Disorders.

His daily average overtime for August, 1967, was 2'15"; September, 2'41".

On 10/8/67 he received a Basic Increase to \$16,897 per annum in GS-14.

On 10/22/67 he received a Within-Grade Increase to \$17,425 per annum in Grade GS-14.

His daily average overtime for October, 1967, was 2'23"; November, 2'08"; December, 2'14"; January, 1968, 2'44"; February, 2 hours 37 minutes.

By letter dated 3/13/68 he was <sup>10</sup>COMMEDED through Mr. Moore, along with others, for performing in connection with the recent racial conferences held at the Seat of Government.

On 3/31/68 he received a rating of EXCELLENT with comments stating that from the beginning of the rating period until 10/2/67 he was assigned to the Internal Security Section, Domestic Intelligence Division, where he was the Supervisor in Charge of a Unit which had the responsibility for investigation of klan organizations and racial informant matters. Since 10/2/67 he had been assigned to the Racial Intelligence Section as Supervisor in Charge of a Unit handling racial informant matters. He was interested in, completely available for, and his qualifications were considered excellent for future administrative advancement.

His daily average overtime for March, 1968, 2 hours 10 minutes.

By letter dated 4/17/68 he was <sup>11</sup>COMMEDED through Mr. Sullivan, along with others, for handling the voluminous data engendered by the assassination of Dr. Martin Luther King, Jr.

His daily average overtime for April, 1968, 2 hours 37 minutes; May, 2 hours 18 minutes.

By letter dated 6-11-68 he received an <sup>3</sup>INCENTIVE AWARD in the amount of \$200.00 in recognition of his outstanding performance over an extended period of time in the supervision of matters pertaining to confidential sources of vital concern to the Bureau in the racial field. He expressed his appreciation for this award in a letter to the Director.

By letter dated 6-14-68 he was <sup>12</sup>COMMEDED along with other agents, through Mr. Casper for their participation so ably in the In-Service School on Criminal Informant Matters.

His daily average overtime for June, 1968, was 2'32".

By letter dated 7-2-68 he was <sup>13</sup>COMMEDED along with other personnel, through Mr. Sullivan, for their splendid services in handling a very high volume of work engendered by the Poor People's Campaign.

On 7-14-68 he received a Basic Increase to \$18,641 per annum in GS-14.

His daily average overtime for July, 1968, was 2'20"; August, 2'14".

On 9/8/68 he was PROMOTED to Grade GS-15, \$19,780 per annum.

His daily average overtime for September, 1968, 2'38"; October, 2'20"; November, 2'9".

By letter dated 12/16/68 he was <sup>14</sup>COMMEDED for his excellent performance in briefing sessions for selected police instructors regarding organizations and individuals of great interest to the FBI in the racial field.

His daily average overtime for December, 1968, 2'10"; January, 1969, 2'49"; February, 2'17"; March, 2'43".

On 3/31/69 he received a rating of EXCELLENT with comments stating he had continued to serve in the Racial Intelligence Section of the Domestic Intelligence Division as Supervisor in Charge of a Unit which had the responsibility for investigations of Klan and racial informant matters. He was an approved general police instructor. He was interested in, completely available for, and his qualifications were considered excellent for future administrative advancement.

His daily average overtime for April, 1969, 2 hours 19 minutes; May, 2'31".

By letter dated 6-4-69 he was <sup>15</sup>COMMEDED for his exemplary performance incident to briefing sessions for selected police instructors and supervisors in connection with matters of great interest to the Bureau in the racial field. (RE: Racial Extremists and Violence).

His daily average overtime for June, 1969, was 2'08".

On 7-13-69 he received a Basic Increase to \$21,589 per annum in GS-15.

His daily average overtime for July, 1969, was 2'30"; August, 3'01".

On 9-7-69 he received a Within-Grade Increase to \$22,309 per annum in GS-15.

His daily average overtime for September, 1969, was 2'15"; October, 2'30"; November, 2'09".

By letter dated 12-19-69 he was <sup>3</sup>CENSURED inasmuch as he was responsible for an error in an outgoing communication.

On 12-28-69 he received a Basic Increase to \$23,573 per annum in GS-15. His daily average overtime for December, 1969, was 2'29".

By letter dated 1-7-70 he was <sup>16</sup>COMMEDED for his noteworthy overall supervision from the Seat of Government in a matter of extreme importance to the FBI in the racial field. (RE: United Klans of America, Inc.)

His daily average overtime for January, 1970, 2' 24"; February, 2' 14".

By letter dated 2-2-70 he received an <sup>4</sup>INCENTIVE AWARD in the amount of \$300 in recognition of the outstanding manner in which he had carried out his various responsibilities in the Domestic Intelligence Division.

On 3-31-70 he was rated EXCELLENT with comments that he continued to serve in the Racial Intelligence Section as Supervisor in Charge of a Unit which had responsibility of developing all racial informants and the investigation of the Klan, Minutemen, and white hate groups. With only a bare minimum of supervision he handled complicated and complex matters. He was completely available for administrative advancement and had outstanding qualifications for same.

His daily average overtime for March, 1970, 2' 31"; April, 2' 12"; May, 2' 31"; June, 2' 09"; July, 2' 35"; August, 2' 48"; September, 2' 07".

On 9-6-70 he received a Within-Grade Increase to \$24,411 per annum in Grade GS-15.

His daily average overtime for October, 1970, 2' 37"; November, 2' 25".

By letter dated 11-9-70 he was <sup>17</sup>COMMEDED for his proficient efforts relative to the racial conference held here recently by the Domestic Intelligence Division.

His daily average overtime for December, 1970, 2' 31"; January, 2' 14".

On 1-10-71 he received a Basic Increase to \$25,867 per annum in GS-15.

By letter dated 1-29-71 he received his Twenty-Year Service Award Key.

His daily average overtime for February, 1971, 2'19"; March, 2'03".

On 3/31/71 he was rated OUTSTANDING.

By letter dated 4/15/71 he received an <sup>5</sup> INCENTIVE AWARD in the amount of \$400 in recognition of his Outstanding Performance for the period 4/1/70 to 3/31/71.

His daily average overtime for April, 1971, 2'21"; May, 2'04"; June, 2'21"; July, 2'03".

By letter dated 7/8/71 he was <sup>8</sup> COMMEDED, through Mr. Casper, in recognition of his performance relative to the success of the 87th Session of the FBI National Academy.

His daily average overtime for August, 1971, 2'19"; September, 2'03"; October, 2'18".

On 9/5/71 he received a Within-grade Increase to \$26,675 per annum in GS-15. Employee will be paid old salary, \$25,867 per annum, until salary stabilization period is terminated.

On 11/14/71 his within-grade increase of 9/5/71 became effective and his salary changed to \$26,675 per annum.

Letter dated 11/26/71 reflected he appeared before the Anti-Sniper Squad Training Schools which were conducted at Quantico, Virginia, recently.

His daily average overtime for November, 1971, 2'01"; December, 2'24".

By letter dated 12/7/71 he was <sup>19</sup> COMMEDED, through Mr. E. S. Miller, in recognition of his performance relative to the Urban Guerrilla Warfare Seminar held at the Seat of Government recently.

On 1/9/72 he received a Basic Increase to \$28,142 per annum in GS-15.

His daily average overtime for January, 1972, 2'02"; February, 2'17".

RE: SA JOSEPH G. DEEGAN (continued)

On 3/31/72 he was rated EXCELLENT and comments reflected that he had exhibited outstanding leadership qualities in leading the field in the development of a substantial quantity of high quality extremist sources. He daily had exhibited the ability to supervise complicated and complex matters with only the absolute minimum of supervision from his superiors. He was most enthusiastic in his approach to his work and had the unique ability of functioning best under extreme pressure. He was interested in, completely available for, and was considered to have outstanding qualifications for administrative advancement.

His daily average overtime for March, 1972, 1' 59".

By letter dated 4/12/72 he was <sup>2</sup>COMMENDED through Mr. Bates along with those employees of the General Investigative Division who performed so effectively with respect to the investigation involving [REDACTED] [REDACTED] the subject of a Crime Aboard Aircraft cases.

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His daily average overtime for April, 1972, 2' 8"; May, 2' 04".

Effective 6-24-72, he was designated #1 Man of the Extremist Intelligence Section in the Domestic Intelligence Division.

His daily average overtime for June, 1972 was 1' 53"; July, 1' 56"; August, 2' 00"; September, 1' 59"; October, 1' 57".

By letter dated 11-9-72, APPRECIATION was expressed for his SUGGESTION that certain days be designated for the presentation of awards for service and achievement with suitable attendant publicity. His proposal was evaluated and it was decided there were too many disadvantages inherent in such a policy to warrant its adoption.

On 1-7-73, he received a Basic Salary Increase to \$29,589 per annum in GS-15. On 2-14-73, the title of his Division was changed to Intelligence Division.

On 3-31-73, he was rated OUTSTANDING.

By letter dated 4-10-73, he received an <sup>2</sup>INCENTIVE AWARD of \$400 in recognition of his superior services for the period 4-1-72 to 3-31-73, which earned an Outstanding performance rating for him.

On 9-2-73, he received a Within-Grade Increase to \$30,486 per annum in GS-15.

On 10-14-73, he received a Basic Salary Increase to \$32,031 per annum in GS-15.

On 3-31-74, he was rated EXCELLENT with comments he had served as the #1 Man to the Section Chief of the IS-1 Section in the Intelligence Division. He performed his duties in a superb manner exemplified by the high caliber of leadership he afforded his subordinates. Since 2-25-74, Inspector Moore Chief of the IS-1 Section had been on extended sick leave and Mr. Deegan

RE: SA JOSEPH G. DEEGAN (continued)

had been running the Section, making the necessary judgment decisions in an exemplary manner. He had an outstanding attitude and consistently displayed his capacity to supervise and coordinate matters of the most complicated and complex nature with a bare minimum of supervision. He was considered to have outstanding qualifications for advancement.

By letter dated 6-7-74, he received an INCENTIVE AWARD of \$150 in recognition of his outstanding supervisory efforts over the past year in the Intelligence Division.

Effective 8-1-74, he was designated Chief of the IS-1 Section in the Intelligence Division at no change in grade or salary.

On 8-19-74 he met and was photographed with Director Kelley.

On 10-13-74 he received a Basic Increase to \$33,794 per annum in GS-15.

By letter dated 11-13-74 he was COMMENDED, through Mr. Wannall, along with others who assisted so competently in the relocation of the Intelligence Division to the J. Edgar Hoover Building.

On 12-27-74 he was PROMOTED to GS-16, \$36,000 per annum.

On 3-31-75 he was rated EXCELLENT with comments reflecting he possessed an excellent knowledge of the Bureau policies and procedures and handled his assignments in a highly effective manner. He had an outstanding attitude and consistently demonstrated his capacity to supervise and coordinate matters of a most complex nature with minimum supervision. He was interested in, completely available for and his qualifications were outstanding for administrative advancement.

By letter dated 5-9-75 he was COMMENDED, through Mr. Wannall, along with others who performed so competently with regard to a Regional Conference held recently at the New York State Police Academy, Albany, New York.

On 10-12-75 he received a Basic Increase to \$37,800 per annum in GS-16.

On 1-4-76 he received a Within-Grade Increase but his salary remained the same in accordance with Level V of the Executive Schedule.

On 1-20-76 the Director presented him with his Twenty-five Year Service Award Key. He celebrated his Twenty-Fifth anniversary on 1-29-76.

On 3-31-76 he was rated EXCELLENT with comments that he served the entire rating period as Section Chief, IS-1 Section, Intelligence Division, which Section handled domestic security investigations. He handled the most complicated matters with minimum supervision. He was interested in, available for, and had outstanding qualifications for administrative advancement.

SA JOSEPH G. DEEGAN

Memorandum dated 7-21-76 advised that he was appointed a "Top Secret" classifying authority.

By letter dated 8-30-76 he was COMMENDED through Mr. Leavitt, along with the personnel of the Intelligence Division who participated so admirably with regard to the Bureau's obligations during the Bicentennial celebration in the Philadelphia, Pennsylvania area.

On 10-9-76 he reported to the General Investigative Division.

On 10-10-76 he received a Basic Increase to \$39,600 per annum in GS-16.

By letter dated 11-15-76 he was COMMENDED through Mr. Gallagher, along with the personnel who participated so admirably in the preparation of a substantial volume of material regarding Bureau sources in connection with the on-going civil action suit instituted by the Socialist Workers Party.

By letter dated 12-27-76 he was COMMENDED for his excellent participation relative to the Terrorist Activity Seminar sponsored by the Stamford Forum for World Affairs.

By letter dated 1-14-77 he submitted his request for retirement effective 2-25-77. By letter dated 1-21-77 his letter was acknowledged.



# OFFICE OF PREFERENCE

OPs 8/23/66 KAK

10171  
EMPLOYEE NO.

DEEGAN JOSEPH G  
NAME

090-12-2131  
SOC. SEC. NO.

[illegible]

67-NOT RECORDED  
3 AUG 9 1962

## FBI PERSONNEL STATUS FORM

TO: DIRECTOR, FBI

(Please type or print clearly)

DATE 1/27/77

MY STATUS WITH RESPECT TO THE ITEMS BELOW IS AS FOLLOWS:

(A) NAME: (Last, first, middle - as it appears on Bureau Rolls)

Deegan, Joseph G.

(B) DATE OF BIRTH

2/10/25

(C) SOCIAL SECURITY NUMBER

090-12-2131

(D) MARITAL STATUS:

☐ SINGLE☒ MARRIED☐ DIVORCED☐ SEPARATED☐ WIDOW☐ WIDOWER

SPOUSE: NAME (maiden if female):

AGE

47

RESIDENCE ADDRESS IF IT DIFFERS FROM YOURS

PLACE OF EMPLOYMENT

(E) NAMES OF YOUR IMMEDIATE RELATIVES: (if deceased, so state) (use supplemental sheet if necessary)

## 1. CHILDREN, STEPCHILDREN, THEIR SPOUSES

RELATIONSHIP

AGE  
(if known)

RESIDENCE (City and State) (if known)

daughter

27

San Juan, Puerto Rico

son

24

Falls Church, Va.

son

22

Falls Church, Va.

son

18

Falls Church, Va.

daughter

13

Falls Church, Va.

daughter

10

Falls Church, Va.

sn-in-law

27

San Juan, Puerto Rico

d-in-law

21

Falls Church, Va.

## 2. PARENTS (including foster parents, stepparents, guardian, etc.), BROTHERS, SISTERS &amp; THEIR SPOUSES

RELATIONSHIP

AGE  
(if known)

RESIDENCE (City and State) (if known)

George G. Deegan

father

(deceased)

Cecilia V. Deegan

mother

(deceased)

sister

45

Brooklyn, New York

## 3. YOUR SPOUSE'S PARENTS, BROTHERS &amp; SISTERS

RELATIONSHIP

AGE  
(if known)

RESIDENCE (City and State) (if known)

George O'Hagan

father

(deceased)

Anna O'Hagan

mother

Briarcliff Manor, New York

brother

Briarcliff Manor, New York

NOT RECORDED  
8 FEB 2 1977

(OVER)

## (F) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW OR PREVIOUSLY EMPLOYED BY THE FBI:

NAME	EXACT RELATIONSHIP	PRESENT EMPLOYEE	FORMER EMPLOYEE
[REDACTED]	sister		X

## (G) NAMES OF ALL RELATIVES INCLUDING THOSE BY MARRIAGE NOW IN GOVERNMENT SERVICE: (excluding FBI)

NAME	EXACT RELATIONSHIP	GOVERNMENT AGENCY WHERE EMPLOYED

(H) ORGANIZATIONS: *ALL EMPLOYEES list all organizations to which you presently belong - do not abbreviate. ONLY SPECIAL AGENTS list former membership in Boy Scouts (indicating exact rank attained) and affiliation with fraternal, honorary or professional groups while in college. NON-AGENTS need not list former memberships at any time.*

NAME	PRESENT (All Employees)	FORMER (Agents Only)	CITY AND STATE
FBIRA	X		

(I) CURRENT SCHOOL ATTENDANCE STATUS (NON-AGENTS only): ARE YOU ATTENDING COLLEGE, OR ANY OTHER TYPE OF SCHOOL? ☐ NO ☐ YES INDICATE NAME OF INSTITUTION AND SUBJECTS IN WHICH ENROLLED.

## (J) PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME [REDACTED] RELATIONSHIP Wife  
 STREET ADDRESS 7403 Fairwood Lane  
 CITY AND STATE Falls Church, Virginia ZIP CODE 22046

Joseph J. Beegan  
 (Signature)  
 Special Agent - Section Chief  
 (Title)

(Please type or print)

Name (As it appears on Bureau rolls) JOSEPH G. DEEGAN Date 8-18-60  
Check one: SA ☒ SAA ☐ Date of Birth 2-10-25 EOD 1-29-51

Name of School		Location	Dates		Degree
			From	To	(Give descriptive title, i.e., BS in Civil Eng.)
College ST. FRANCIS COLLEGE		51 BULTER ST. BROOKLYN, NY	1947	1950	BA SOCIAL SCIENCE Major <u>SOCIAL SCIENCE</u> Minor
Graduate School FORDHAM UNIV SCHOOL OF SOCIAL WORK		NYC NY	9/50	1/51	NO DEGREE Major <u>SOCIAL WORK</u> Minor
Miscellaneous or Special Schools (Include Vocational and Radio Schools)					

List all college courses studied in mathematics, engineering and sciences, including chemistry, physics, biology, radio, communications, etc., regardless whether degree obtained. (Use supplemental sheet if necessary.)

Course	Hours	Course	Hours	Course	Hours	Course	Hours
COLLEGE ALGEBRA	3						
CALCULUS	3						

BARS: Federal \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ CPA (State) \_\_\_\_\_ Year \_\_\_\_\_  
Other \_\_\_\_\_

#### Foreign Language and Dialects

(Evaluate your proficiency in each phase as Excellent, Very Good, Good, Fair, or Unsatisfactory.)

Name of Language	Read	Write	Speak	Understand	Translate
FRENCH	UNSATISFACTORY				
SPANISH					
LATIN					

#### Source of Proficiency

Name of Language	Native Tongue	Bureau School	Academic	No. Yrs. Studied	Foreign Assignment	Bur. Test Taken
						Yes No

If you can handle any foreign language or languages fluently with little or no hesitation, and without use of a dictionary specify same.

If you have had any TRAINING or EXPERIENCE in the writing field including newspaper reporting, writing for a periodical, and creative writing of any kind, set forth as follows:

Training College Courses	No. of Hours	Experience	Period of Experience
93			
67 NOT RECORDED			
13 MAY 30 1951			

### Previous Employment

Type of work and in what capacity	Proficiency	Period of Experience
SOCIAL WORKER	V.G	1 1/2 YRS

### Vocations and Avocations

(Give detailed information regarding any special knowledge, abilities, talents, hobbies, trades, etc., you possess, including athletics.)

Vocation or Avocation	Professional	Amateur	Proficiency	Period of Experience
SWIMMING				4 YRS AS LIFE GUARD & SWIMMING TEACHER, NYC, NY

If you feel your experience in any of your previous employments, vocations or avocations is sufficient so that you could use it as a cover in an undercover assignment, identify same.

YES - SOCIAL WORKER

### Foreign Travel

List all foreign countries you have traveled in; in what capacity, and period there:

CHINA, JAPAN - VSMC WWII

### Military Training

Active duty: Branch VSMC Dates of Service APRIL 1943-2-47 Rank T/SGT.  
Specialized Military Training NAVIGATOR, BOMBARDIER

Are you interested in Foreign Assignment? ☒ Yes ☐ No Location desired ENGLAND  
Typing ability \_\_\_\_\_ W.P.M. Have you passed Bureau test? ☐ Yes ☒ No  
Shorthand ability NONE W.P.M. Have you passed Bureau test? ☐ Yes ☒ No  
Name of Shorthand system you use \_\_\_\_\_

### Practical Experience in Radio

(State degree of proficiency and length of time spent)  
Amateur Radio \_\_\_\_\_ Licenses Held \_\_\_\_\_  
Commercial Radio Operator \_\_\_\_\_  
Radio, Television or Sound Repairman or Technician \_\_\_\_\_  
Experimenter or other \_\_\_\_\_  
International Morse Code: Transmit \_\_\_\_\_ W.P.M. Receive \_\_\_\_\_ W.P.M.  
Technical Knowledge of any Electronic Devices \_\_\_\_\_

### Miscellaneous

List any other information, qualifications and accomplishments.

By memo of 3-22-56 SAC, NY was adv. Deegan trained as an Inspector's Aide.

B

B

Joseph G. Deegan

MAR 1972

769

*Joseph G. Deegan*

D-5



JOSEPH G. DEEGAN  
1-29-51

JUL 1952

37  
JOSEPH G.  
DEEGAN  
JUL 1 - 1955

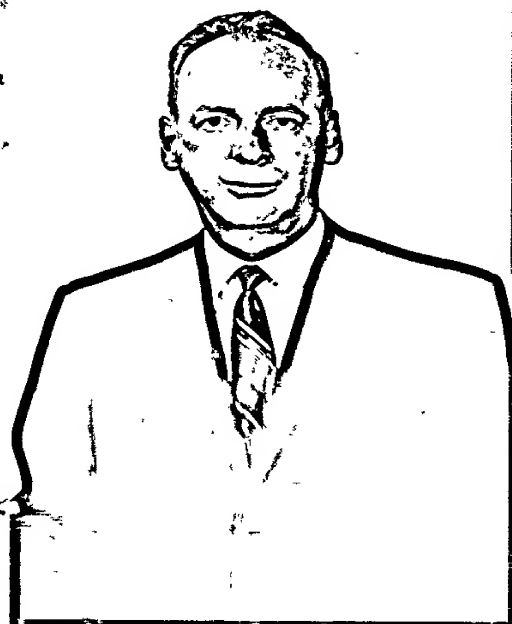
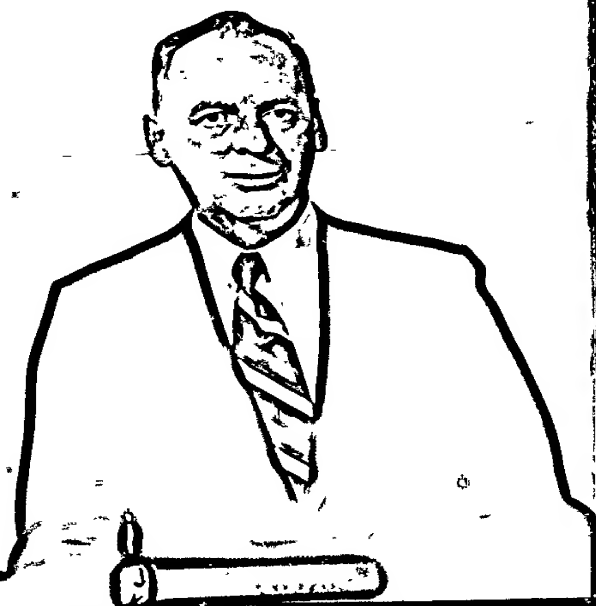
1/2

SA JOSEPH G.  
DEEGAN

NEW ORLEANS

JUL 5 - 1961





JOSEPH G. DEEGAN  
6-70

*Joseph D. Deegan  
7-1-58*

Room 7315

SPECIAL AGENT CREDENTIAL CARD  
Prints and Negative for file

<sup>G</sup>  
JOSEPH A DEEGAN



692C03

b6

D-5

Joseph G. Deegan  
4-10-67

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
APPLICATION FOR EMPLOYMENT

FD-140  
(2-17-48)

DIRECTOR,  
FEDERAL BUREAU OF INVESTIGATION,  
UNITED STATES DEPARTMENT OF JUSTICE,  
WASHINGTON, D. C.

September 28, 1950

Sir:

I hereby make application for employment in the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent <del>XXXXXX</del>	<input checked="" type="checkbox"/>	**
Special Agent (Accountant)	<input type="checkbox"/>	**
Stenographer	<input type="checkbox"/>	
Typist	<input type="checkbox"/>	
Translator	<input type="checkbox"/>	
Messenger	<input type="checkbox"/>	**
Laboratory Technician	<input type="checkbox"/>	**
Student Fingerprint Classifier	<input type="checkbox"/>	
Clerk	<input type="checkbox"/>	

(This application should be typewritten if possible) (Indicate by check)

1. Name in full (please print) Deegan Joseph George  
(Family name) (Given name) (Middle name)
- (a) Female applicants must furnish maiden name \_\_\_\_\_
2. Legal Residence 3041 Arlington Avenue Bronx 63 New York
3. Mail and telegraphic address (same as above) Phone No. KI 3-6022
4. Complete date of birth Feb. 10 1925 Weight 185 Height 6 ft. no in.
5. Place of birth New York City King's County New York, N.Y.  
(City) (County) (State)
6. (a) Father's name George Deegan (b) Father's birthplace New York N.Y.
- (c) Present Address 1816 Voorhies Av. Bklyn (d) If foreign born, is he a citizen? -
- (e) Date and place of naturalization -
7. (a) Mother's name Cecilia Deegan (b) Mother's birthplace Brooklyn, N.Y.
- (c) Present address 1816 Voorhies Av. Bklyn (d) If foreign born, is she a citizen? -
- (e) Date and place of naturalization -
8. Brothers (None)  
(Complete names, birthplaces and present addresses)
9. Sisters Brooklyn. Present Address:  
(Include married names, birthplaces and present addresses)  
Columbus, Ohio. (Novitiate)
10. If you were not born in United States, how long have you lived here? -
11. Are you a citizen of the United States? Yes
12. If naturalized, date and place of naturalization -
13. Are you single, married, widowed, separated, or divorced? Married
14. (a) Maiden name of wife \_\_\_\_\_ (b) Wife's birthplace New York, N.Y.
- (c) Present address 3041 Arlington Av. Bk. If foreign born, is she a citizen? -
- (e) Date and place of naturalization -
15. (a) Husband's complete name - (b) Husband's birthplace -
- (c) Present address - (d) If foreign born, is he a citizen? -

\*Specify exact title of position sought as Laboratory Technician  
\*Positions of Special Agent (Law Trained), Special Agent (Accountant),  
Laboratory Technician and Messenger for sale applicants only.

See details on separate description sheets which will be furnished on request.

67-455048-1  
F.B.I.  
1950  
ROUTED TO  
FILE  
131/11/50

- (e) Date and place of naturalization -----
16. (a) Father-in-law's name George O'Hagan (b) Birthplace Ireland
- (c) Present address 3041 Arlington Av. Bx (d) If foreign born, is he a citizen? Yes
- (e) Date and Place of naturalization 1927 Long Island City, New York
17. (a) Mother-in-law's name Anna O'Hagan (b) Birthplace Ireland
- (c) Present address 3041 Arlington Av Bx (d) If foreign born, is she a citizen? Yes
- (e) Date and Place of naturalization 1935 Long Island City, New York
18. Brothers-in-law [redacted] N.Y., N.Y. [redacted] b6  
(Complete names, birthplaces and present addresses)
19. Sisters-in-law (none)  
(Complete names, birthplaces and present addresses)
20. If your husband (or wife) is employed, state where employed -----
21. Number of children, if any one
22. Are you entirely dependent on your salary? Yes
23. To what extent are you financially indebted to others and to whom? none

24. Education: (Please print)

	NAME AND LOCATION OF SCHOOL	FROM	TO	Courses Pursued, Diplomas or Degrees Received
(a) Elementary	Good Shepherd, Bk., N.Y.	'35	'39	Diploma
(b) High school equivalent	Name Address Cathedral Prep 555 Washington Av. Bk	'39	'43	Diploma
(c) College or technical*	Name Address St. Francis College 41 Bulter St. Bk.	'43 '48	'44 '50	BA
(d) Foreign Languages Give degree of proficiency as to speaking, reading, writing	Spanish (reading ability)			
(e) Miscellaneous*	Fordham School of Social Service 134 East 39th St. N.Y.	9/50	--	Pursuing MSSS

25. Give names of clubs, societies, and other similar organizations of which you are a member:  
American Legion

Reichart Fraternity, Holy Name Society

26. Have you been admitted to the Bar, if so specify no

(Furnish Date and Place)

27. Describe any physical defects, including extent of defective vision, if any, with and without glasses (Spellen) (none)

28. Health record for the past 3 years (give number of days and nature of serious illness):  
(None)

\* Applicants for laboratory technician positions should list in detail scientific courses pursued, using an insert if necessary and give title of any Master's or Doctor's Thesis prepared.

29. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION AND KIND OF WORK	FROM	TO	ANNUAL SALARY
Name Catholic Guardian Soc. Address 191st Forealemon St. Bklyn.	Caseworker	2/50	9/50	\$2,000.
Name US Post Office Address 53d St & 8th Av. N.Y.	Clerk	10/48	10/48	Parttime: \$1.42 per hour.
Name N.Y.C. Bd. of Ed. Address 110 Livingston St. Bklyn.	Swimming Teacher	8/49	9/49	\$10 Per Day
Name Half Moon Hotel Address Coney Island, Bklyn	Room Clerk	7/48	9/48	\$35. per week
Name NEW YORK CENTRAL BN Address GRAND CENTRAL ST. NYC	EXTRA HELPER	9/50	—	\$11 PER DAY
Name Address				
Name Address				
Name Address				
Name Address				

30. Specify any arrests (include traffic arrests) (none)

31. Specify any arrests of immediate family (none)

32. Have you ever been a defendant in any court action? (none) Specify

33. Are you now, or have you ever been, a member of the Communist Party, U.S.A., or any Communist organization? no

34. Are you now, or have you ever been, a member of a Fascist Organization? no

35. Are you now, or have you ever been, a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or of any organization, association, movement, group or combination of persons which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means? no

36. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women, including your family physician, if you have one, of good standing in the community, and who have known you well during the past 5 years. (Please Print)

NAME	RESIDENCE ADDRESS	NUMBER OF YEARS ACQUAINTED	BUSINESS ADDRESS
1		2	(Same)
2		10	(Same)
3		11	(same)
4		15	Refer to residence
5		10	(same)

37. Give residence addresses and dates of residence for the past ten years.

'40: 1816 Voorhies Av. Bklyn. N.Y.

'44: Service USMC South Pacific

'48: 3041 Arlington Av. Bx.

38. List the names of any relative now in the Government service, with the degree of relationship and where employed: Pat. Uncle: Joseph Deegan Dept/ Agriculture, office in NYC

Names of any friends or acquaintances who are employed in the Federal Bureau of Investigation: (none)

39. Give dates and branch of military service, if any, also type of discharge received and basis for it, also military serial number. '44 to '47 USMC Honorable discharge, convenience of the Gov.

39a. Do you claim veteran's preference? If so, give basis. Yes. Refer to service

Do you now have any service disability? If so, give percentage. (none)

40. What is the lowest entrance salary you will accept? \$5000.

41. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? Yes, upon 10 days notice.

42. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? yes

43. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? yes

44. Attach unmounted full face photograph not larger than 3 by 4 1/2 inches. Write your name plainly on back of photograph. Photograph to be taken not more than 30 days prior to date of application.  
(Application will not be considered complete if such photograph not furnished)



Respectfully,

Joseph L. Deegan  
(Signature of applicant as usually written)

NOTE:-If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.

NOTE:-The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U. S. Department of Justice.

Subscribed and duly sworn to before me by the above named applicant, this 3rd day of October, 1950, at city (or town) of New York, county of Bronx, and State (or Territory or District) of N.Y.

(OFFICIAL IMPRESSION SEAL)

ABE WEINBAUM  
NOTARY PUBLIC, STATE OF NEW YORK  
Qualified in Bronx County (10)  
Cert. filed with Bronx Co. Clks. & Reg.  
Term Expires March 30, 1952

Application will not be considered complete if above jurat not executed.

U.S. Department of Labor

May 30, 1991

Joseph G. Deegan  
8212 Thorton Road  
Towson, MD 21204

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210

File Number: A25-367718



This letter is in reference to your claim for benefits under the Federal Employees' Compensation Act (FECA).

In order that this Office may have additional expert medical opinion, arrangements have been made for you to be examined by the physician named below at the date and time shown. You should obtain any x-rays taken by your physician and deliver them to the medical specialist at the time of the examination. The x-rays will be returned to you.

Under the provisions of 5 USC 8123(a) you may arrange to have a physician of your choosing and paid for by you present to participate in the examination if you so desire. The physician may observe, offer opinion, and discuss the examination and its course with the physician to whom you are being referred. However, the physician to whom you have been referred will be in charge of the examination. If you intend to exercise this right, you should have your physician contact the physician named below so that he is aware of your plans.

This referral to a medical specialist is being made under the provisions of section 8123 of the FECA. Under this section, if an employee refuses to submit to or obstructs an examination required by the Office of Workers' Compensation Programs, the employee's right to compensation under the FECA shall be suspended until the refusal or obstruction stops. Compensation is not payable while a refusal or obstruction continues, and the period of the refusal or obstruction is deducted from the period for which compensation is payable. Therefore, it is important that you keep the scheduled appointment. If you cannot keep this appointment, you should contact this Office immediately.

You may claim reimbursement for necessary travel expenses incurred as a result of the appointment by submitting the enclosed SF 1012 and 1012a Travel Voucher, with receipts. The cost of the examination will be paid directly by this Office.

Sincerely,

Medical Management Assistant

NOTE: FAILURE TO KEEP SCHEDULED APPT. WITHOUT SUFFICIENT REASONS WHICH MUST BE SUPPLIED IN WRITING PRIOR TO DATE OF APPT. WILL RESULT IN SUSPENSION OF COMPENSATION ENTITLEMENT UNTIL THE REFUSAL STOPS.

PHYSICIAN OR ESTABLISHMENT

Univ. of Maryland Prof. Bldg.  
Dept of Otolaryngology  
419 W. Redwood Street, #360  
Baltimore, MD 21201

TELEPHONE NUMBER:

301-328-6866

DATE AND TIME:

July 10, 1991, 9:45 A.M.

31KMM

August 30, 1991

Office of Workers' Compensation Programs  
 United States Department of Labor  
 1100 L Street, N.W.  
 Washington, D.C. 20211

Your File No. A25-0367718  
 Date of Injury January 1, 1975

Joseph G. Deegan  
 (Name)

Gentlemen:

- ☒ Reference is made to your letter dated August 26, 1991
- ☐ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.

☐ CA-1    ☐    ☐    ☐    ☐

☐ The desired information is being obtained and will be furnished to your agency within the near future.

- ☒ The following information is enclosed: Please note that Mr. Deegan's claim was for a schedule award, there was no time lost. Number 5 on the CA-7 should be marked ~~yes~~ not no. Please see attached CA-7.

Director  
 Federal Bureau of Investigation

Enc. (1)

1- Mr. Joseph G. Deegan  
 8812 Thorton Road  
 Towson MD 21204

JGE:amr  
 (3)

MAILED 23

AUG 30 1991

FBI

MAIL ROOM ☐

FBI/DOJ



U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210



August 26, 1991

File Number: 25-0367718  
Date of Injury: 01/01/1975  
Employee: JOSEPH G. DEEGAN

JOSEPH G. DEEGAN  
8212 THORTON ROAD  
TOWSON MD 21204

Dear Mr. Deegan:

I am writing in reference to your claim for the injury of 01/01/1975, which you sustained while employed by the agency identified below. Your claim is accepted for: binaural hearing loss.

If your injury results in disability for work or the need for medical treatment, you may be eligible to receive continuation of pay (COP) until you recover or return to light duty, up to a maximum of 45 calendar days. If wage loss continues after the expiration of COP, you are eligible to claim disability compensation on Form CA-7. Necessary medical expenses related to the injury will be processed for payment by this office following proper submission of charges.

Enclosed is a notice entitled "Now That Your Claim Has Been Accepted..." which provides information concerning payment of bills, claims for compensation, and other matters pertinent to your claim.

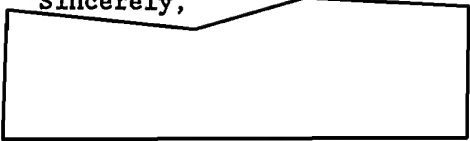
.....  
TO EMPLOYER: Please provide a completed .  
Form CA-3 showing the dates the employee .  
lost time from work. .  
.....

US DEPARTMENT OF JUSTICE  
FED BUREAU OF INVESTIGATION  
ATTN: PERSONNEL-COMPENSATION  
BET 9TH & 10TH PENN AVE NW  
WASHINGTON DC 20535

3/10mm

File Number: 25-0367718  
Date of Injury: 01/01/1975

Sincerely,

A rectangular box with a black border, used to redact the signature of the Claims Examiner. The box is positioned below the word "Sincerely," and above the text "CLAIMS EXAMINER".

CLAIMS EXAMINER

b6



NOW THAT YOUR CLAIM HAS BEEN ACCEPTED . . .

. . . you should be aware of certain information concerning payment of bills and compensation, authorization for surgery, return to duty, dual benefits, and rehabilitation services.

**BILLS.** You are entitled to medical treatment and expenses related to treatment for your injury. All medical bills, except those from hospitals and pharmacies, must be signed or stamped by the physician and submitted on Form OWCP-1500. Also known as Form HCFA-1500, this form can be obtained from your agency if your physician is unfamiliar with it. If any medical bills related to this injury were previously returned because your case had not been accepted, they may be resubmitted to this Office for consideration of payment. Travel expenses should be submitted on Form SF-1012.

Bills for medical treatment may not be paid if submitted more than one year beyond the calendar year in which you received the treatment or the calendar year in which the claim was first accepted as compensable by the Office, whichever is later. Therefore, all bills for payment or reimbursement, including travel vouchers, should be submitted as promptly as possible after you incur the expense. You may ask your physician to submit bills directly to the district office, or you may pay the doctor and submit the paid bill for reimbursement.

Your acceptance letter states the medical condition(s) which OWCP has accepted as work-related. Treatment for those conditions only should be billed to OWCP.

**COMPENSATION.** If you lose (or expect to lose) pay because of your injury, you should obtain Form CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease, from your employing agency. The form should be given to your supervisor or compensation specialist seven to ten days before the end of the 45 day continuation of pay (COP) period, if COP has been paid in your case. Complete Part A of the form and submit it to your employer for completion of Part B. In box 6, you may claim the period your doctor estimates that you will be disabled for work, or until your next medical appointment, but not more than 30 days of wage loss. In order to minimize any possible income interruption, your employing agency should submit the completed Form CA-7 to this Office on the 40th day of COP and should include any medical evidence in its possession concerning the injury.

Any claim for compensation must be supported by medical evidence of injury-related disability for the period you are claiming. Form CA-20, Attending Physician's Report, is attached to Form CA-7 for this purpose. In any report, your physician should specifically state the periods during which you are unable to perform (1) full duty and (2) restricted duty. It is your responsibility to arrange for the submission of supporting medical evidence.

If you continue to lose pay because of work-related disability after the dates claimed on Form CA-7, you should submit a Form CA-8, Claim for Continuing Compensation on Account of Disability, through your employer for additional compensation. Form CA-20a, Attending Physician's Supplemental Report, should accompany Form CA-8, unless medical evidence supporting disability for the period claimed has already been submitted. If disability continues you should submit through your employer additional Forms CA-8 (and CA-20a if needed) for each period claimed, unless otherwise informed by this Office. Your employer should submit the Form CA-8 to OWCP approximately five days before the end of the period claimed in the Form CA-7 or the previous Form CA-8.

**SURGERY.** You must obtain approval in advance from this Office for any surgical procedure other than emergency surgery in order to insure payment by OWCP. A second opinion medical examination may be required before surgery is authorized. If other than emergency surgery was performed on account of the claimed injury before the claim was approved, you should arrange for submission of a report from your doctor stating the reason why the surgery was necessary. You should also arrange for submission of a copy of the operative report.

Please see reverse

Concerning any surgery planned for the future, you should contact this Office at least 30 days before the doctor plans to schedule the procedure to request authorization. You should arrange for the doctor to submit a medical report stating the need for the surgery and the expected benefits. You will be notified whether the surgery is authorized at the expense of this Office...

**RETURN TO DUTY.** If you obtain or return to any employment, you should notify this Office immediately. You are not permitted to receive payments for temporary total disability while employed. If you receive any compensation checks which include payment for any period you have worked, you should return them to us immediately to prevent any overpayment. The employing agency should also notify this Office as soon as the employee has returned to duty by calling the telephone number shown above and filing Form CA-3, Report of Termination of Disability and/or Payment.

**DUAL BENEFITS.** Claimants are prohibited from receiving compensation for wage loss and Federal retirement benefits at the same time. Compensation for wage loss includes payments for temporary total disability and for loss of wage-earning capacity. Claimants may, however, receive compensation for schedule awards and a retirement annuity at the time.

**REHABILITATION.** You are responsible for asking your doctor whether you can perform some work, and for notifying your agency when your doctor says you are able to perform some work. If you are indefinitely disabled for your usual job, and your agency has not provided light duty, you are eligible for vocational rehabilitation services. We will attempt to arrange work with your employing agency or a private employer.

Continued pay or compensation may be terminated if you refuse work which is within your medical restrictions without good cause, and benefits may be reduced if you fail to cooperate with rehabilitation and placement efforts.

**PENALTY.** Any person who knowingly makes any false statement; misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which he or she is not entitled is subject to felony criminal prosecution and may, under appropriate U. S. Criminal Code provisions, be punished by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

If you have any questions concerning your case, please write or call this district office.

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210



January 31, 1992

File Number: 25-0367718  
Date of Injury: 01/01/1975  
Employee: JOSEPH G. DEEGAN  
Social Security Number: 090-12-2131

JOSEPH G. DEEGAN  
8212 THORTON ROAD  
TOWSON MD 21204

Dear Mr. Deegan:

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR STATEMENT

The information requested is required in connection with your receipt of benefits under the Federal Employees' Compensation Act, 5 U.S.C. 8101 et seq. This information will be used to determine your qualification for continued benefits, or to determine whether an adjustment in benefits may be warranted. This statement must be returned within 30 days to prevent interruption of benefits or your benefits will be suspended in accordance with 20 CFR 10.125.

If you fail to answer all questions on your statement fully and accurately, your compensation benefits may be suspended. If you need more space to fully answer any of the questions, use a separate sheet of paper with your name and claim number at the top. Sign and date each additional sheet.

Any errors in the information shown above, such as name, address, or file number, should be noted in Part E of this form and corrected there. You must answer all the questions, or indicate that the question does not apply to your claim, by indicating "Not Applicable" (N/A), or "None." Pursuant to Public Law 100-503, you are notified that the information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches.

WARNING

A FALSE OR EVASIVE ANSWER TO ANY QUESTIONS, OR THE OMISSION OF AN ANSWER, MAY BE GROUNDS FOR SUSPENDING YOUR COMPENSATION BENEFITS AND SUBJECT YOU TO CIVIL LIABILITY, OR, IF FRAUDULENT, MAY RESULT IN CRIMINAL PROSECUTION. ALL STATEMENTS ARE SUBJECT TO INVESTIGATION FOR VERIFICATION.

ENC

US DEPARTMENT OF JUSTICE  
FED BUREAU OF INVESTIGATION  
ATTN: PERSONNEL-COMPENSATION  
PENNSYLVANIA AVENUE NW  
WASHINGTON DC 20535

C47

OMB No: 1215-0151 Expiration 03/31/92 CA1032-0989 Page 1

no action  
emp released  
2/27/92  
R-1008

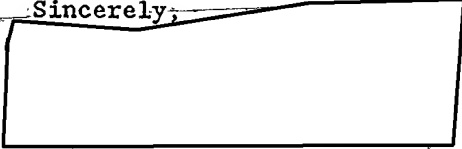
b6

3/2/92

File Number: 25-0367718  
Employee: JOSEPH G. DEEGAN

**DATES COVERED BY THIS STATEMENT:** This statement is to cover the fifteen months prior to the date of your completion and signature. Your signature at the end of the statement certifies that all pertinent information for that period has been supplied.

Sincerely,



b6

CLAIMS EXAMINER

Enclosures: EN1032-0189 (5 pages)

File Number: 25-0367718  
Employee: JOSEPH G. DEEGAN

PART A. EMPLOYMENT HISTORY

1. **Employment other than Self-Employment.** Under this heading, you must report all employment, other than self-employment, for which you received salary, wages, sales commissions, piecework, or other payment. If you performed work for which you were not paid, you must show as "rate of pay" what it would have cost the employer or organization to hire someone to perform the work you performed. The value of housing, meals, food allowance, clothing, equipment, reimbursed expenses in a business, corporation, partnership or sole proprietorship, or other things of value must be included in the rate of pay. Report overtime pay separately (that is, pay received for work in excess of forty hours per week).

a) Were you employed by an employer during the time period covered by this form? Answer Yes or No: \_\_\_\_\_

b) If yes, provide the following information for each employer:

<u>NAME/ADDRESS OF EMPLOYER</u>	<u>DATES EMPLOYED</u>	<u>RATE OF PAY</u>	<u>KIND OF WORK</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. **Self-Employment.** Earnings from self-employment (such as farming, sales, service, operating a store, business, etc.) must be reported. Report any such enterprise in which you worked, and from which you received revenue, even if it operated at a loss or if profits were re-invested. You must show as "rate of pay" what it would have cost you to have hired someone to perform the work you did.

a) Were you self-employed during any time covered by this form? Answer Yes or No: \_\_\_\_\_

b) If yes, provide the following:

Dates of self-employment: \_\_\_\_\_  
Description of work performed: \_\_\_\_\_  
Number of hours worked per week: \_\_\_\_\_  
Rate of pay: \$ \_\_\_\_\_  
Actual earnings: \$ \_\_\_\_\_  
Name of firm or business: \_\_\_\_\_

3. Were you unemployed for all periods during the previous fifteen months not covered under 1 or 2 above? Answer Yes or No: \_\_\_\_\_  
If not, explain: \_\_\_\_\_

File Number: 25-0367718  
Employee: JOSEPH G. DEEGAN

PART B. DEPENDENTS

The basic rate of compensation is 66 2/3% of the applicable pay rate if the claimant has no eligible dependents. Compensation is payable at 75% of the applicable pay rate if one or more dependents is eligible for compensation. ~~You must therefore answer the questions below to ensure your compensation is paid at the correct rate.~~

You may claim additional compensation for a dependent if you have one or more of the following: (a) a spouse who is a member of your household; (b) an unmarried child, including an adopted child or stepchild, who is living with you and is under 18 years of age; (c) an unmarried child who is 18 or over, but who is incapable of self-support by reason of mental or physical disability; (d) an unmarried child under 23 years of age who is a full-time student and has not completed four years of schooling beyond the high school level; (e) a parent who is wholly dependent upon you for support.

You may also claim additional compensation for a dependent if you have a spouse or child who is not living with you to whom a Court has ordered you to pay support. Finally, you may claim dependency for a spouse or an unmarried child who is under 18 or, if over 18 is under 23 and a full-time student, if you make regular direct contributions to his/her support although he/she does not live with you.

1. Do you have a dependent or dependents as described above?  
Answer Yes or No: \_\_\_\_\_

2. If yes, complete the following for each person who qualifies as a dependent:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to Claimant: \_\_\_\_\_

Any additional dependents should be listed on a separate sheet.

3. Do you claim additional compensation because of dependents?  
Answer Yes or No: \_\_\_\_\_

4. If you are receiving compensation based on claiming of a dependent and are no longer entitled, give (a) date the dependency ceased \_\_\_\_\_ and (b) reason dependency ceased \_\_\_\_\_



File Number: 25-0367718  
Employee: JOSEPH G. DEEGAN

PART C. OTHER FEDERAL BENEFITS OR PAYMENTS

If you are receiving benefits from any of the following Federally funded or Federally assisted programs, they must be reported: Office of Personnel Management disability or regular retirement annuity; Foreign Service disability or retirement annuity; or any other Federal disability or retirement system. In addition, Black Lung benefits and any increase in a Veterans Administration (VA) disability award resulting from the injury for which you receive FECA benefits must be reported.

1. OPM Benefits

- a) Have you been assigned a CSA number? Answer Yes or No: \_\_\_\_\_  
If yes, write it here: \_\_\_\_\_
- b) During the fifteen month period covered by this statement, have you received a regular retirement check? Answer Yes or No: \_\_\_\_\_  
Disability annuity check? Answer Yes or No: \_\_\_\_\_

2. VA BENEFITS

- a) Do you receive benefits from the Veterans Administration on account of service in the Armed Forces of the United States? Answer Yes or No: \_\_\_\_\_
- b) If yes, furnish your file number: \_\_\_\_\_
- c) If yes, state the nature of the disability for which the award was made: \_\_\_\_\_
- d) Has the percentage of your award been increased since your compensable injury? Answer Yes or No: \_\_\_\_\_ If so, give date of increase: \_\_\_\_\_

3. Other Benefits

- a) Have you received any other Federally funded or assisted benefits, such as described above? Answer Yes or No: \_\_\_\_\_
- b) If yes, provide the following information for each such benefit or payment:  
Type of Claim/Award/Benefit: \_\_\_\_\_

Agency and Address: \_\_\_\_\_

Claim or File No.: \_\_\_\_\_ Amount/Value Received Weekly \_\_\_\_\_

Dates for which benefits received: \_\_\_\_\_ Continuing?

Answer Yes or No: \_\_\_\_\_

File Number: 25-0367718  
Employee: JOSEPH G. DEEGAN

PART D. THIRD PARTY SETTLEMENT

1) In the fifteen month period covered by this form, did you receive any settlement or award from a suit against a third party in connection with an injury or illness for which you receive compensation? Answer Yes or No: \_\_\_\_\_

2) If yes, please provide the following information:

Date of judgment or settlement: \_\_\_\_\_  
Party or parties involved: \_\_\_\_\_  
Type of suit or settlement: \_\_\_\_\_  
Amount of judgment or settlement: \_\_\_\_\_  
Legal fees and Court costs: \_\_\_\_\_

PART E. CORRECTIONS

If the name, address, file number, date of injury, or social security number shown at the top of the first page of this letter is incorrect, provide the correct information in the space provided below. (Do not complete if the information was correct).

Name: \_\_\_\_\_ File Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Social Security No: \_\_\_\_\_

PART F. CERTIFICATION

I certify that all the statements made in response to questions on this form are true, complete and correct to the best of my knowledge and belief. I have placed "Not Applicable" (N/A) or "None" next to those questions that do not apply to me or my claim.

I know that anyone who fraudulently conceals or fails to report income or other information which would have an effect on benefits, or who makes a false statement or misrepresentation of a material fact in claiming a payment or benefit under the Federal Employees' Compensation Act may be subject to criminal prosecution, from which a fine or imprisonment, or both, may result.

I understand that I must immediately report to OWCP any improvement in my medical condition, any employment, and change in the status of claimed dependents, any third party settlement, and any change in income from Federally assisted disability or benefit programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**PUBLIC BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, US Department of Labor, Room N-1301, 200 Constitution Avenue, NW, Washington, DC 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1215-0151), Washington, DC 20503.

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210



January 31, 1992

File Number: 25-0367718  
Date of Injury: 01/01/1975  
Employee: JOSEPH G. DEEGAN

JOSEPH G. DEEGAN  
8212 THORTON ROAD  
TOWSON MD 21204

Dear Mr. Deegan:

In order to process your claim for compensation under the Federal Employees' Compensation Act (FECA), we must obtain certain information concerning any wages you may have earned during the period 01/01/89 to 12/31/91.

This information, which is in the custody of the Social Security Administration, is protected from disclosure, except as provided in the Internal Revenue Code. Section 6103(c) of the Internal Revenue Code and section 301.6103(c)-1 of Title 26 of the Code of Federal Regulations allow disclosure of the information for a specific purpose when the individual to whom the information pertains consents to such disclosure. Therefore, we request that you read, complete, and return to this office both copies of the enclosed Form CA-0936, Consent for Disclosure of Wage Information.

As stated, this information is necessary to process your claim under the FECA and failure to provide your consent for disclosure may delay the processing of your claim.

Sincerely,

CLAIMS EXAMINER

Enclosure (2) CA0936

U.S. DEPARTMENT OF JUSTICE  
FED BUREAU OF INVESTIGATION  
ATTN: PERSONNEL-COMPENSATION  
PENNSYLVANIA AVENUE NW  
WASHINGTON DC 20535

C47

CA0935-0288

*No action  
empl returned  
2/27/77 Jgm*

*Jgm*

File Number: 25-0367718  
Employee: JOSEPH G. DEEGAN

CONSENT FOR DISCLOSURE OF WAGE INFORMATION

I hereby authorize the Social Security Administration, acting on behalf of the Internal Revenue Service in accordance with 26 C.F.R. 301.6103(c)-1, to release to the Director, Office of Workers' Compensation Programs, United States Department of Labor, wage information consisting of the names and addresses of employers for whom I have worked, the periods employed, and the gross amount of wages earned for the period 01/01/89 to 12/31/91. This wage information may be used by the Office of Workers' Compensation Programs and its employees solely to determine my entitlement to benefits under the Federal Employees' Compensation Act. The information may be retained in my claim file and may be released to any person whose responsibilities require access to it, as well as to any party involved in processing my claim.

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address  
\_\_\_\_\_

Joseph George Deegan

U.S. DEPARTMENT OF LABOR  
EMPLOYMENT STANDARDS ADMINISTRATION  
OFFICE OF WORKERS' COMPENSATION PROGRAMS

Dept. of Labor ESA OWCP FEC  
1100 L Street NW

WASHINGTON, DC 20211

Penalty for Private Use \$300



Postage and Fees Paid  
U.S. Department of Labor  
Lab 441

US DEPARTMENT OF JUSTICE  
FED. BUREAU OF INVESTIGATION  
ATTN: PERSONNEL-COMPENSATION  
BET 9TH & 10TH PENN AVE NW  
WASHINGTON DC 20535

AGENCY: 150200  
CASE NO: 250367718  
EMPLOYEE: J G DEEGAN

INJURY ZIP: 20535 INJURY DATE: 01/01/1975

Form CA-801, Rev. Sept. 1982

67 - NOT RECORDED

OCT 17 1990

17

17 OCT 17 1990

January 3, 1991

Office of Workers' Compensation Programs  
 United States Department of Labor  
 1100 L Street, N.W.  
 Washington, D.C. 20211

Your File No. A25-0367718  
 Date of Injury January 1, 1975

Joseph George Deegan

(Name)

Gentlemen:

- ☒ Reference is made to your letter dated November 30, 1990.
- ☐ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.
- ☐ CA-1    ☐    ☐    ☐    ☐
- ☐ The desired information is being obtained and will be furnished to your agency within the near future.
- ☒ The following information is enclosed: A note from our health service.

Director  
 Federal Bureau of Investigation

Enc. (1)

*gm*  
 (2)

67 - NOT RECORDED

67 - 1

16

RECEIVED

JAN 04 1991

FBI

14 JAN 7 1991  
 MAIL ROOM ☒

1-ENCLOSURE

*gm*  
 18

*gm*  
 16

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210



November 30, 1990

File Number: 25-0367718  
Date of Injury: 01/01/1975  
Employee: JOSEPH G. DEEGAN

US DEPARTMENT OF JUSTICE  
FED BUREAU OF INVESTIGATION  
ATTN: PERSONNEL-COMPENSATION  
BET 9TH & 10TH PENN AVE NW  
WASHINGTON DC 20535

Dear Sir or Madam:

We have received notice from Joseph G. Deegan alleging that he has sustained hearing loss due to exposure to hazardous noise at your establishment. To make a determination in the case, we need the information requested on the next page.

Sincerely,

[Redacted Signature]

CLAIMS EXAMINER

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JOSEPH G. DEEGAN  
8212 THORTON ROAD  
TOWSON MD 21204

C55

ENCLOSURE

CA1081-0887 Page 1

31KMM



File Number: 25-0367718  
Date of Injury: 01/01/1975

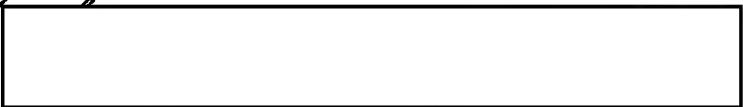
Does your agency have an established policy or procedure for notifying an employee when an audiogram discloses a hearing loss? If so, and the policy or procedure is in writing, send us a copy. If a policy exists but it is not in writing, state how the employee is notified and the content of the notice.

If ear defenders were ever issued this employee, advise:

- a. When and by whom they were issued; and
- b. The information given the employee by this person as to why they were issued.

12/28/90

In 1975 agents were advised that they had hearing loss. According to our safety officer they were provided with the proper hearing protectors for their use. This was his responsibility. To my knowledge all agents exhibiting hearing loss were advised they must always wear appropriate hearing protection.



b6

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210



March 26, 1991

File Number: 25-0367718  
Date of Injury: 01/01/1975  
Employee: JOSEPH G. DEEGAN

JOSEPH G. DEEGAN  
8212 THORTON ROAD  
TOWSON MD 21204

Dear Mr. Deegan:

Please forward a copy of your "1977 retirement physical" to which you have referred as evidence of hearing loss prior to your retirement from the FBI, to this Office. If you do not have a copy of this document please so advise us.

Your former employing agency has advised this Office that their records do not contain this document.

This request is made in our attempt to determine if you meet the "timely filing" requirement of the Federal Employees Compensation Act. If you have any questions please contact this Office. If we do not receive a reply by 04/29/91 we must determine your entitlement based upon the record we now have.

Sincerely,



CLAIMS EXAMINER

b6

✓ US DEPARTMENT OF JUSTICE  
FED BUREAU OF INVESTIGATION  
ATTN: PERSONNEL-COMPENSATION  
BET 9TH & 10TH PENN AVE. NW

WASHINGTON DC 20535  
67-NOT RECORDED  
18 APR 5 1991

CA9999

No action  
taken,  
Employee retired  
11-30-90  
Kmm  
4/3/91

3/KMM

STATE OF MARYLAND  
EXECUTIVE DEPARTMENT  
WILLIAM DONALD SCHAEFER  
GOVERNOR



GOVERNOR'S DRUG AND ALCOHOL ABUSE COMMISSION

HAMPTON PLAZA  
300 EAST JOPPA ROAD, SUITE 1105  
TOWSON, MARYLAND 21204-3016  
(301) 321-3521

THE HONORABLE MELVIN A. STEINBERG  
CHAIRMAN

FLOYD O. POND  
EXECUTIVE DIRECTOR

Joseph G. Deegan  
250 W. Pratt Street  
20th Floor  
Baltimore, MD 21201-2423  
(301) 659-4324

November 21, 1990

Mr. [REDACTED]  
Claims Examiner  
U.S. Department of Labor  
Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210

b6

Re: File #A25-367718

Dear Mr. [REDACTED]:

In accordance with your checklist inquiry, I have attached a copy of my June 13, 1990 Claim and the support data from the FBI. In addition, I have specifically addressed the items circled on the checklist as follows:

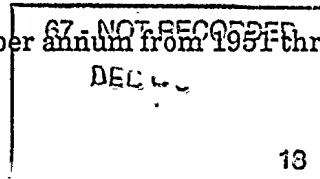
1. Employment History: (See Item 9 on attached copy of claim.)

FBI, Special Agent, 1/29/51 - 3/1/77 (Retired)  
BG&E, General Supervisor of Loss Prevention, 3/1977 - 12/1989  
BG&E, Loaned Executive to the Governor's Drug and Alcohol Abuse Commission, 1/90 to present.

2. Noise Exposure: (See Job Sheet from FBI Compensation/Support Data.)

FBI - Firearms range firing approximating 24 hours per annum from 1951 thru 1977.  
- Safety devices:

1954 use of cotton or ear plugs  
1957 use of cotton or ear plugs  
1958 use of cotton/vaseline  
1965 use of cotton/vaseline ( earmuffs for instructors)  
1974 use of protective headsets



3. History of Previous Hearing Problems: None
4. Hobbies Involving Loud Noise: None
5. Last Exposure to Noise: 1977

3 ENCLOSURE

18 DEC 06 1990



11/29/90  
KMM

3/KMM

Mr.   
November 21, 1990  
Page 2

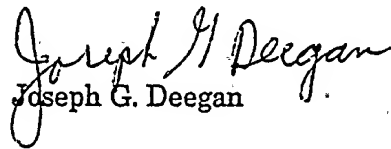
b6

- 7. Previous Workers' Compensation claims: None
- 9. Employer's Comment: See FBI Compensation/Support Data.
- 12. Last Exposure: 1977 Pay-rate: \$43,592.00/per annum

If I can be of further assistance, please advise.

---

Sincerely,

  
Joseph G. Deegan

Notice of Occupational Disease  
and Claim for Compensation

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs

1925-3677161



Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle) <b>Deegan, Joseph George</b>				2. Social Security Number <b>090-12-2131</b>	
3. Date of birth Mo. Day Yr. <b>102 110 125</b>	4. Sex <b>M</b>	5. Home telephone <b>(301) 825-7249</b>	6. Grade as of date of last exposure Level <b>GSI</b> Step <b>?</b>		
7. Employee's home mailing address (Include city, state, and zip code) <b>8212 Thorton Road</b> <b>Towson, Maryland</b> Zip Code <b>21204</b>				8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	

Claim Information

9. Employee's occupation <b>Special Agent FBI -- 1/29/51-3/1/77 (Retired) -- 1977 -- Present: BG&amp;E</b> <b>Loaned Executive, Governor's Office of Justice Assistance</b>		10. Occupation code
10. Location (address) where you worked when disease or illness occurred (Include city, state, and zip code) <b>250 West Pratt Street, 20th Floor</b> <b>Baltimore, MD 21201-2423</b>		11. Date you first became aware of disease or illness Mo. Day Yr. <b>1-- 1-- 75</b>
12. Date you first realized the disease or illness was caused or aggravated by your employment Mo. Day Yr. <b>-- -- 75</b>	13. Explain the relationship to your employment, and why you came to this realization	

In connection with my duties with the FBI, I was required to take fire-arms training. This fire-arms training through the years impaired my hearing. At the time we took the fire-arms training, we did not have the protective devices that are available at this time.

14. Nature of disease or illness <b>Impaired hearing - Medical report from BG&amp;E attached.</b>	OWCP Use - NO Code
	b. Type code c. Source code

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay  
**At the retirement physical in 1977, I advised them of my hearing problem.**

16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.

**Prior to taking fire arms training as noted in Item 13 above, my hearing was good.**

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

Employee Signature

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

Signature of employee or person acting on his/her behalf

*Joseph A Deegan*

Date **6-13-90**

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate provisions, be punished by a fine or imprisonment, or both.

ENCLOSURE

BALTIMORE  
GAS AND  
ELECTRIC

HEAR TODAY-GONE TOMORROW?  
"PROTECT YOUR HEARING."  
YEAR EAR PROTECTION.

125-367718

ALOCLOST

MEDICAL AND ACCIDENT PREVENTION SERVICES  
EMPLOYEE SERVICES DEPARTMENT

**BALTIMORE GAS AND ELECTRIC COMPANY**  
P. O. Box 1475, Room 1500, Baltimore, MD 21203  
(301) 234-6433

b6

425-32118

Jos. Deegan

33985

2-10-25

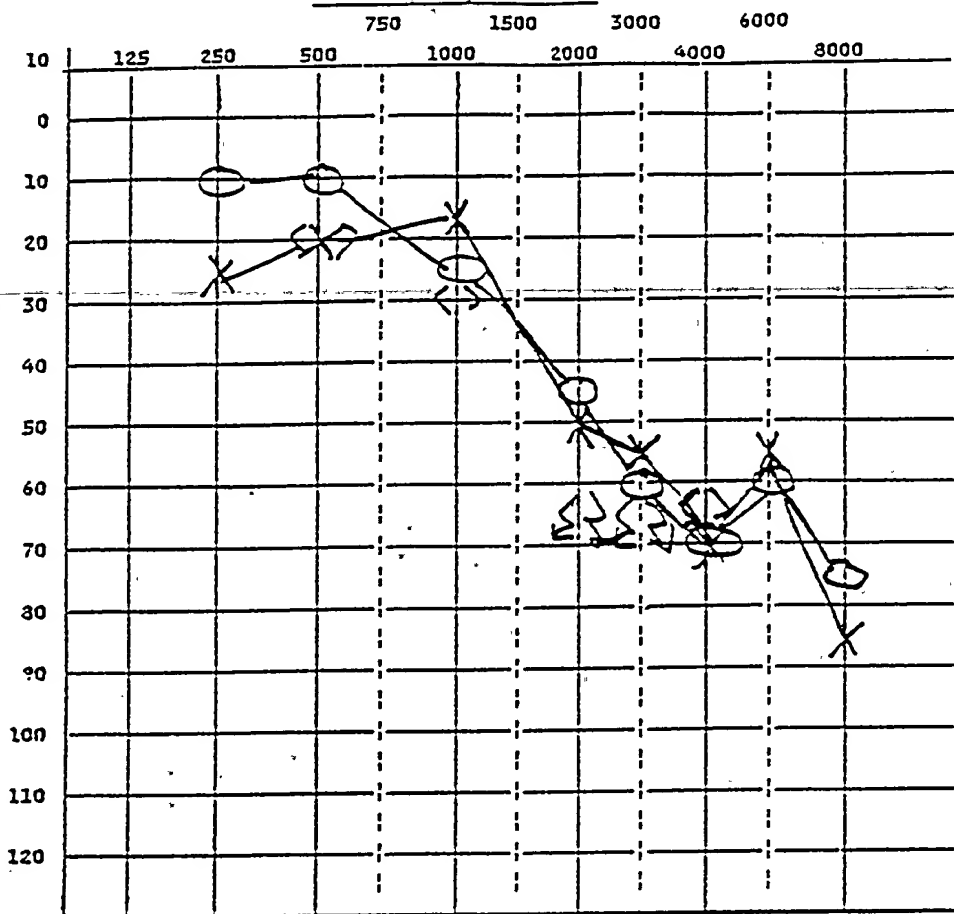
65I-14

\_\_\_\_\_

10-13-89

b6

## Hearing level in dB (decibel) - Re: ANSI 1969



## Effective Masking

Re: OLB 11.

[illegible]

KEY			
		RIGHT	LEFT
AIR	UNMASKED	O	X
	MASKED	Δ	□
	SOUND FIELD	S	
MASTOID	UNMASKED	<	>
	BONE MASKED	(	)
EXAMPLES: NO RESPONSE		0	∞
		Σ	Σ
AIDED	MONAURAL		
	BINAURAL	B	

DNT:	DID NOT TEST
CNT:	COULD NOT TEST
SL:	SENSATION LEVEL
HL:	HEARING LEVEL
SPL:	SOUND PRESSURE LEVEL
SRT:	SPEECH RECEPTION THRESHOLD
SAT:	SPEECH AWARENESS THRESHOLD
NR:	NO RESPONSE
S/N:	SIGNAL-TO-NOISE RATIO
PTA:	PURE TONE AVERAGE
EM:	EFFECTIVE MASKING
SF:	SOUND FIELD
MLV:	MONITORED LIVE VOICE
UCL:	UNCOMFORTABLE LISTENING LEVEL

Consistent conventional

**INDEX:**

[illegible]☒ 8. 10. 11.

**11.1**

TABLE	

## TALE

EAR	PTA 500-2000	SRT	SAT	SL	SL
RIGHT		30		30	72
LEFT		25		30	80
SF	88A				

	1K	2K	3K	4K
UCL R:	120	120	120+	120+
L:	120	115	110+	115+
UCL Speech (R) - 115 MCL - 65 dB HL				
REASON FOR REFERRAL (L) - 110 MCL 60 dB HL				
Referred to pursue amplification.				

**ENCLOSURE**

NAME JOSEPH G DEEGAN EMP. NO. 33985 SSN 298-122012 (1925-367718)  
DATE OF BIRTH 21/10/23 JOB NUMBER 74-00240 DATE OF EMPLOYMENT 6-7-77  
LOCATION B C P E

Have you ever had a hearing test?  
here? ☒ YES ☐ NO *Hearing loss: 1983*

Have you ever had or do you now have  
noise exposure from:

Recent job	<input type="checkbox"/>	<input checked="" type="checkbox"/> A1
Previous job	<input checked="" type="checkbox"/>	<input type="checkbox"/> A2
Recreational/hunting	<input checked="" type="checkbox"/>	<input type="checkbox"/> A3
Aircraft	<input checked="" type="checkbox"/>	<input type="checkbox"/> A4
Explosions	<input checked="" type="checkbox"/>	<input type="checkbox"/> A5
Power tools	<input type="checkbox"/>	<input checked="" type="checkbox"/> B1
Rock music	<input type="checkbox"/>	<input checked="" type="checkbox"/> B2
Motorcycles	<input type="checkbox"/>	<input checked="" type="checkbox"/> B3
Military service	<input checked="" type="checkbox"/>	<input type="checkbox"/> B4
Artillery	<input type="checkbox"/>	<input type="checkbox"/> B5

Have you ever had or do you now have:

Hearing loss which occurred	<input checked="" type="checkbox"/>	<input type="checkbox"/> E1
Gradually	<input type="checkbox"/>	<input checked="" type="checkbox"/> E2
Hearing loss which occurred	<input type="checkbox"/>	<input checked="" type="checkbox"/> E2
Suddenly	<input type="checkbox"/>	<input checked="" type="checkbox"/> E3
Or infection or earache	<input type="checkbox"/>	<input checked="" type="checkbox"/> E8
Perforated (punctured) eardrum	<input type="checkbox"/>	<input checked="" type="checkbox"/> E9
Impacted earwax	<input checked="" type="checkbox"/>	<input type="checkbox"/> E9
Constant ringing in ear(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/> R3
Fuzziness	<input type="checkbox"/>	<input type="checkbox"/> R4
Balance problems	<input type="checkbox"/>	<input type="checkbox"/> R5
Recent draining ears	<input type="checkbox"/>	<input checked="" type="checkbox"/> R5
Or deformity	<input type="checkbox"/>	<input checked="" type="checkbox"/> R7
Or surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/> E5
Pharyngitis	<input type="checkbox"/>	<input checked="" type="checkbox"/> F2
High fever (over 104°)	<input type="checkbox"/>	<input checked="" type="checkbox"/> F3
Strep	<input type="checkbox"/>	<input checked="" type="checkbox"/> F4
Earbuds	<input checked="" type="checkbox"/>	<input type="checkbox"/> F5
Heavy aspirin use (over 6 per day)	<input checked="" type="checkbox"/>	<input type="checkbox"/> U1
Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/> G3
Kidney disease	<input type="checkbox"/>	<input checked="" type="checkbox"/> G4

Is there a family history of:

Hearing loss before age 65	<input type="checkbox"/>	<input checked="" type="checkbox"/> C1
Hearing loss requiring hearing aids	<input type="checkbox"/>	<input checked="" type="checkbox"/> C2

Signature \_\_\_\_\_

TRACOR INSTRUMENTS  
AUSTIN, TEXAS  
DATE 10 22 85  
TIME 10:07  
SUBJECT:

X.....  
SSN/ID# 89812281Z  
JOB# 888887488248  
NOISE EXP. 888888  
TEST TYPE 4  
TYPE PROTECTOR 1  
BIRTH DATE 02 10 25  
SEX M

CURRENT AUDIOGRAM  
FREQ. L/OB R/OB  
1KHZ TEST 15 20  
500HZ 10 10  
1000HZ 15 20  
2000HZ 40 40  
3000HZ 50 55  
4000HZ 60 55  
6000HZ 55 65  
8000HZ 70 65  
AV 234 58 53

MODE CONTINUOUS  
RA400 SER# 1003  
VERSION 3.4  
CAL. ANSI 1969 STD  
CAL. DATE 88/85  
EXAMINER ID#  
237748376

LOCATION CODE  
888881  
8000 Hz

Mr. test pre-test ☐ Yes ☒ No  
Hearing protection ☐ 1. Pre-employment  
☐ None ☒ Plugs ☐ Muffs ☐ 2. Initial  
Oscilloscope ☒ 3. Annual  
☒ A. Pass ☐ B. Impact ☐ C. Perf. ☒ 4. Retest  
☐ D. ☐ E. Questionable ☐ 5. Termination  
Validity ☐ 7. Special  
☐ Good ☐ Questionable ☐ Re-employment  
Comments: \_\_\_\_\_





U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

August 24, 1990

Office of Workers' Compensation Programs  
United States Department of Labor  
1100 L Street, N.W.  
Washington, D.C. 20211

Your File No.  
Date of Injury

Joseph George Deegan  
(Name)

Gentlemen:

☐ Reference is made to your letter dated \_\_\_\_\_

☒ Enclosed are compensation forms and/or other information (indicated below), relative to injuries or diseases incurred by the above-named employees of this Bureau.

☐ CA-1    ☒ CA-2    ☒ CA-7    ☐    ☐

☐ The desired information is being obtained and will be furnished to your agency within the near future.

☒ The following information is enclosed: Additional information in support of Mr. Deegan's claim including: job sheet, firearms statement, SF-50, position description with physical requirements, noise level test results, application for employment, and available physicals.

Director  
Federal Bureau of Investigation

Enc. (35)

①- Mr. Joseph George Deegan  
8212 Thorton Road  
Towson, MD. 21204



Federal Bureau of Investigation

Washington, D.C. 20535

JOB SHEET

Whom It May Concern

Mr. Joseph G. Deegan entered on duty in the Federal Bureau of Investigation January 29, 1951 as a Special Agent, Grade GS-10, \$5,000.00 per annum. Following a period of training, he performed investigative duties and was assigned to our Indianapolis, Detroit, New York City, New Orleans, and Washington, D.C. Field Offices. He retired February 27, 1977, in view of chapter 83 of title 5, U.S.C. of the Civil Service Retirement System (CSRS). At that time he was receiving a salary of \$43,592.00 per annum in Grade GS-16.

As an occupant of the position of Special Agent, he was charged with the duty of investigating violations of the laws of the United States, collecting evidence in cases in which the United States is or may be a party in interest and performed other duties imposed by law. In discharging these duties it is essential that a Special Agent be physically qualified for strenuous duties including the required hearing standards. Special Agents participate in raids, arrests and the use of firearms, which are among the important duties of such position.

## FIREARMS STATEMENT

TO WHOM IT MAY CONCERN:

RE: Joseph G. Deegan

Information has been requested concerning the exposure of Special Agent Joseph G. Deegan to the noise of firearms. He was appointed as a Special Agent on January 29, 1951 and retired on February 27, 1977.

Mr. Deegan attended New Agents' Training from January 29, 1951 to March 26, 1951 and during that period, he fired the .38-caliber revolver, .45 caliber Thompson Submachine Gun, 12-gauge shotgun, .30-caliber rifle, and the Federal Gas Gun. He fired approximately 850 rounds of ammunition during the above training period.

From March 27, 1951 to February 27, 1977 firearms training was afforded to Mr. Deegan and he fired approximately 27,360 rounds of ammunition of various types during that period.

Mr. Deegan attended in-services in 1952, 1955, 1956, 1960, 1961, and 1963. During this training, he fired approximately 2,160 rounds of ammunition of various calibers.

Mandatory firearms training for Special Agents occurs eight times annually. Normally, four of these sessions are held outdoors during the summer months and four indoors during the winter months. Actual firing on the range consists of approximately five hours per outdoor session and one hour per indoor session. Typically, approximately 200 rounds would be fired during an outdoor session and 60 during an indoor session. In view of the above, annual exposure to the noise of firing on the range, per Agent, would approximate 24 hours.

It is to be noted that in 1965, every field office was equipped with earguards for use of the firearms instructors, and all Special Agents were instructed to continue to use cotton impregnated with petroleum jelly while on the firing line. On 6/11/74, the use of earguards (headsets) by Special Agents during firearms training was made mandatory.

Anthony E. Daniels  
Assistant Director



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

To Whom It May Concern:

On the following indicated dates all Special Agents in Charge were advised in writing of the respective instructions which they were to impart to Special Agents assigned to their office:

May 4, 1954

TRAINING - FIREARMS -- The Bureau desires again to call to the attention of all investigative personnel the necessity of taking precautions to prevent injuries causing impairment of hearing while engaged in firearms training. SACs shall require that all Agents engaging in firearms training use cotton or ear plugs in the ears to prevent injury caused by gun blast. This applies not only to the Agents actually firing but also to those who may be coaching, observing, or otherwise in close proximity to the shooter. These instructions apply to both indoor and outdoor firearms training and to demonstration given by firearms instructors.

August 20, 1957

TRAINING - FIREARMS - PROTECTION OF HEARING -- The Bureau desires again to emphasize existing instructions concerning the use of cotton, ear plugs or other protective devices during the course of firearms training. The primary purpose of using such protection is to break the initial shock of the gun blast and prevent it from causing injury which could result in hearing impairment. Advice has been received as regards the use of cotton that it is more effective if it is dampened slightly. The type of protective measure used will be left to the choice of the individual but some such precaution must be used at all times during firearms training not only by the shooter but by coaches, observers, instructors or other individuals in the near vicinity of the shooting.

June 17, 1958

PROTECTION AGAINST HEARING LOSS FROM FIREARMS TRAINING -- A study has been conducted to see if additional protection against hearing loss can be afforded during firearms training. This study was occasioned by the increased number of hearing loss claims being submitted by Agents who based such claims on excessive noise to which they were exposed during firearms training. Studies to date reflect that dry cotton in the ear canals affords insufficient protection. You should immediately make a supply of cotton and Vaseline available so that cotton impregnated with Vaseline may be used during all firearms training periods. By placing Vaseline on the cotton prior to inserting it in the ear canal a much greater degree of protection is afforded against possible hearing damage. You should insure that all Agents are advised of the availability of the Vaseline and cotton and all participating Agents make use of them

September 10, 1965

FIREARMS TRAINING - EARMUFFS -- Every field office has been supplied with earmuffs for the use of the firearms instructors in conducting training for your office and in police firearms training schools. These ear protectors are not to be placed on your nonexpendable inventory but each SAC will be held accountable for their proper availability and use. Special Agents receiving firearms training will continue to use cotton impregnated with petroleum jelly while on the firing line.

June 11, 1974

MANDATORY USE OF PROTECTIVE HEADSETS DURING FIREARMS TRAINING -- Effective immediately, the use of protective headsets for all Special Agents during firearms training is mandatory. Each Special Agent in Charge is to insure these protective hearing devices are being used and that a sufficient number are available in his respective field office. If needed, additional protective headsets should be requisitioned through the Training Division.



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

TO WHOM IT MAY CONCERN:

RE: NOISE LEVEL TESTS OF FBI  
FIREARMS RANGES CONDUCTED  
BY THE FBI LABORATORY AT  
QUANTICO, VIRGINIA AND  
WASHINGTON, D. C.

Because available guidelines to estimate the hearing damage risk associated with impulse noise, such as gunfire, differ from the Maximum Recommended Noise Exposure regulations promulgated under authority of the Occupational Safety and Health Act of 1970 (Federal Register 36 (105), 10518 (May 29, 1971) definitions of measurements made as well as some detail regarding measurement conditions and equipment used are set out with the results of these measurements.

GENERAL BASIS AND DEFINITIONS  
FOR MEASUREMENTS CONDUCTED

The tests conducted are based on available literature relating to hearing damage risk associated with impulse noise, such as gunfire, defined as brief noises lasting less than one second. Measurements have been made of two parameters (Peak Pressure Level and B-Duration) of the single impulse from various weapons with various ammunitions under typical and average circumstances.

These two parameters can be related to proposed damage-risk criterion for impulse noise (gunfire), Report of Working Group 57, NAS-NRC Committee on Hearing, Bioacoustics, and Biomedics (CHABA), W. C. Ward et al (July, 1968) also reported by the National Bureau of Standards in "Fundamentals of Noise: Measurement, Rating Schemes and Standards" published by U. S. Government Printing Office Publication NTID 300.15 for the U. S. Environmental Protection Agency (12-31-71). These two parameters are defined as follows:

1. The Peak Pressure Level (P) is the highest instantaneous pressure level (in decibels, Re.  $2.0 \times 10^{-5} \text{ N/M}^2$ ) reached at any time by the impulses, measured at the position of the ear but away from the individual.
2. The Pressure-Envelope Duration or B-Duration is the total time that the envelope of the pressure fluctuations, both positive and negative, are within 20 db of the peak pressure level. Included in this time is the duration of that part of any reflection pattern that is within 20 db of the peak level.



MEASUREMENT TEST CONDITIONS  
AND MEASUREMENT EQUIPMENT

OUTDOOR RANGE

Measurements were conducted on the outdoor range of the FBI Academy at Quantico, Virginia, in an open field over grass. Measuring microphones were located in an orientation and at a distance from various weapons to approximate the location of the shooter's nearest ear. Weapons were fired with the shooter removing himself as far as possible from the field of the measuring microphone. Results for each weapon and type of ammunition are the average of several individual firings. Peak Pressure Levels (P) and B-Duration were measured from calibrated photographs of oscilloscope traces, and were checked against simultaneous impulse precision sound level meter measurements.

Equipment used to make these measurements includes Bruel and Kjaer (B&K) Impulse Precision Sound Level Meters type 2209, type 4136 1/4" condenser microphone associated preamplifiers and power supplies and Tektronix Model 564 Oscilloscope with C30 camera. Calibration was done with a B & K type 4220 Pistonphone.

It is felt these measurements represent typical and average sound levels and durations which would occur at the shooters' ears without ear protection for the weapons and ammunitions measured.

RESULTS OF MEASUREMENTS

Outdoor Range

The following measurement results are set out by type of weapon and ammunition and are the average of a number of firings of each. The two measurements given are P (Peak Pressure Level in decibels (db) and B (B-Duration in milliseconds):

1. Weapon: 38 caliber Smith and Wesson Special Revolver with 4-inch barrel
  - (a) Ammunition - 148 grain target load  
P - 156 db                      B - 1.8 msec
  - (b) Ammunition - 158 grain service load  
P - 157.7 db                      B - 1.9 msec
2. Weapon: 38 caliber Smith and Wesson Special Revolver with 2-inch barrel
  - (a) Ammunition - 148 grain target load  
P - 159.2 db                      B - 1.6 msec

3. Weapon: Model 870 Remington Shotgun

- (a) Ammunition - Skeet load  
P - 160.8 db      B - 2.9 msec
- (b) Ammunition - 00 buck shot  
P - 160.3 db      B - 3.6 msec
- (c) Ammunition - rifle slug maximum load  
P - 159.5 db      B - 6.3 msec

4. Weapon: .308 Remington Carbine Rifle with 150 grain ammunition

- (a) Open area over grass  
P - 159.6 db      B - 2.8 msec
- (b) On Rifle Deck  
P - 158.3 db      B - 5.4 msec

MEASUREMENT TEST CONDITIONS

INDOOR RANGE

Measurements were conducted on the indoor range at FBI Headquarters located in the basement of the Justice Department Building, Washington, D. C. Measurement microphones were located in an orientation and at a distance from the gun to approximate the location of the shooter's nearest ear. The gun was fired at one of the center shooter positions with the shooter removing himself as far as possible from the field of the measuring microphones and with the protective plexiglass screens closed behind the shooter. Results for each type of ammunition are the average of several individual firings. Peak Pressure Levels (P) and B-Durations were measured from calibrated photographs of oscilloscope traces and were checked against simultaneous impulse precision sound level measurements.

RESULTS OF MEASUREMENTS

Indoor Range

The following measurement results are for a 38 caliber Smith and Wesson Special Revolver with 4-inch barrel and are felt to represent typical and average sound levels and durations which would occur at the shooter's ears without ear protection on the indoor range. The two measurements given are P (Peak Pressure Level) and B (B-duration in milliseconds):

- 1. Ammunition: 148 grain target load  
P - 154.4 db      B - 23.7 msec
- 2. Ammunition: 158 grain service load  
P - 156.9 db      B - 23 msec





U.S. Department of Justice  
Federal Bureau of Investigation

Washington, D.C. 20535

January 5, 1984

RESULTS OF NOISE LEVEL TESTS

PURPOSE: To set forth the results of noise level tests for the .45 auto caliber Thompson submachine gun and the 12-gauge shotgun.

DETAILS: Two sets of tests were conducted at Quantico, Virginia:

1. Outdoor range using the .45 auto caliber Thompson submachine gun
2. Indoor range using:
  - A. .45 auto caliber Thompson submachine gun
  - B. Remington model 870 12-gauge shotgun

During the tests, measurements were made of two parameters:

1. Peak Pressure level in decibels
2. B-Duration in milliseconds

These two parameters are defined as follows:

1. The Peak Pressure (P) is the highest pressure level, measured in decibels, attained at any instant by the impulses, measured at the position of the shooter's favored ear (right ear for right-handed and left ear for left-handed). The standard reference sound pressure level used is .0002 microbars or  $2 \times 10^{-4}$  DYNES/CM<sup>2</sup> in defining the decibel scale.

2. The Pressure-Envelope Duration, or B-Duration, is the total time in milliseconds that the envelope of the pressure fluctuations, both positive and negative, are within 20 decibels of the Peak Pressure level. For the indoor tests, this duration includes any part of the reflected pressure waves that are within 20 decibels of the peak level. For the outdoor tests, where the .45 auto Thompson submachine gun was fired in proximity to the macadam walkway, as in actual training, a discrete secondary reflected pressure wave from the macadam is evident. For the outdoor tests, therefore, two separate B-Duration figures are presented;  $B_R$  whose envelope includes the discrete secondary reflected wave, and  $B$ , whose envelope does NOT include the discrete secondary reflected wave.

#### INDOOR RANGE

Measurements were conducted on the indoor range of the Federal Bureau of Investigation Academy at Quantico, Virginia, on April 7, 1983. These tests were conducted, as in actual training, from the central firing stall in order to provide side wall sound pressure reflection symmetry. Peak Pressure levels (P) and B-Durations were measured from calibrated X, Y graphic recorder charts, and cross-checked with simultaneous oscilloscope traces.

The equipment used to make these measurements includes a Bruel and Kjaer (B&K) impulse precision sound level meter type 2209, type 4136 1/4-inch condenser microphone, type 4230 sound level calibrator, a Hewlett Packard digital waveform recorder type 5180A, type 7470A X, Y graphics plotter and a Tektronix oscilloscope type 2213.

These measurements should represent typical and average sound pressure levels and sound durations which would occur in the shooter's ears without any ear protection in a typical training posture.

#### RESULTS OF MEASUREMENTS

WEAPON: .45 auto caliber Thompson submachine gun

AMMUNITION: 230 grain Federal .45 auto caliber full metal jacket (FMJ) ball ammunition

	<u>PRESSURE (P)</u>	<u>B-DURATION</u>
Trial #1	155.46 decibels	17.62 milliseconds
Trial #2	155.8 decibels	13.38 milliseconds
Average	155.63 decibels	15.5 milliseconds

WEAPON: 12-gauge Remington model 870 shotgun with 20-inch barrel

AMMUNITION: 00 buckshot of Winchester-Western manufacture

	<u>PRESSURE (P)</u>	<u>B-DURATION</u>
Trial #1	157.72 decibels	14.25 milliseconds
Trial #2	157.62 decibels	14.76 milliseconds
Trial #3	<u>157.62 decibels</u>	<u>16.3 milliseconds</u>
Average	157.65 decibels	15.10 milliseconds

AMMUNITION: #9 birdshot of Winchester-Western manufacture

	<u>PRESSURE (P)</u>	<u>B-DURATION</u>
Trial #1	155.26 decibels	16.67 milliseconds
Trial #2	<u>154.33 decibels</u>	<u>16.19 milliseconds</u>
Average	154.80 decibels	16.43 milliseconds

#### OUTDOOR RANGE

Measurements were conducted on the outdoor range of the Federal Bureau of Investigation Academy at Quantico, Virginia, on March 15, 1983. These tests were conducted, as in actual training, in proximity to the macadam walkway which defines the 25 yard firing distance from the target. The macadam walkway was surrounded by open grass and was the only reflective surface of consequence. Peak Pressure levels (P) and B and B<sub>g</sub>-Durations were measured from calibrated X, Y graphic recorder charts, and cross-checked with simultaneous oscilloscope traces.

The equipment used to make these measurements includes a Bruel and Kjaer (B&K) impulse precision sound level meter type 2209, type 4136 1/4-inch condenser microphone, type 4230 sound level calibrator, a Tektronix oscilloscope type 2213, a Biomation model 1010 digital waveform recorder, and a Hewlett Packard X, Y graphic recorder type 7045A.

These measurements should represent typical and average sound pressure levels and sound durations which would occur at the shooter's ears without any ear protection in a typical training posture.

Joseph G. Deegan  
8212 Thorton Road  
Towson, MD 21204

November 26, 1990

Ms. [redacted]  
Claims Examiner  
Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210

b6

File No: 25-0367718

Dear Ms. [redacted]:

Reference is made to your letter of November 14, 1990 wherein you state that my claim was not timely filed.

The basis for your statement is apparently based on the fact that I stated that in 1975 I noticed a decline in my hearing ability; but, I did not file a claim until 6/13/90. My hearing loss has been gradually declining since 1975 due to my firearms exposure in the FBI. I am submitting a claim now because my hearing has deteriorated to the point that it is necessary for me use hearing aids. I am incapable of functioning at the standards expected without the use of my hearing aids; therefore, I believe I have a valid claim for compensation.

In addition to the above, the government's medical doctor who examined me prior to my retirement advised at that time that I should not get a hearing aid because my deficiency only pertained to high level frequencies. This deficiency has expanded to all levels. Therefore, I need the hearing aids.

To summarize:

1. Hearing has been declining since 1975.
2. I took the advise of the government's medical doctor who stated that I should not get a hearing aid in 1977 but continue to follow my deficiency.
3. My deficiency has reached a point that I am not able to hear without assistance.

Hoping to receive a favorable reply.

Sincerely,

Joseph G. Deegan  
Joseph G. Deegan

18 DEC 06 1990

31KMM

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210



November 14, 1990

File Number: 25-0367718  
Date of Injury: 01/01/1975  
Employee: JOSEPH G. DEEGAN

JOSEPH G. DEEGAN  
8212 THORTON ROAD  
TOWSON MD 21204

Dear Mr. Deegan:

Unless you submit additional evidence supporting your claim under the Federal Employees' Compensation Act, it will be disallowed for the following reason(s):

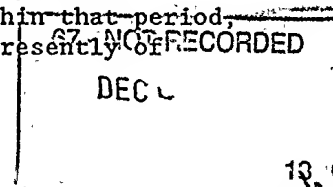
One of the basic requirements for entitlement under the Federal Employees Compensation Act (FECA) is that the claim must be timely filed. In a hearing loss case the claim must be filed within 3 years after the employee realizes or by exercise of reasonable diligence should have been aware of a causal relationship between his employment and his hearing loss. Your case was filed on 06/13/90. You first became aware of a causal relationship in 1975. Therefore your claim is not timely filed.

This is not a final decision but is intended to give you the opportunity to submit additional evidence before a final decision is made. Your case will be held open for a period of 30 days in order to give you this opportunity. If we have not received any new evidence within that period, we will make a final determination based on the evidence presently of record.

Sincerely,



CLAIMS EXAMINER



*No action taken -  
Employee Retired  
KMM  
11-30-90*

✓ U.S. DEPARTMENT OF JUSTICE  
FED BUREAU OF INVESTIGATION  
ATTN: PERSONNEL-COMPENSATION  
BET 9TH & 10TH PENN AVE NW  
WASHINGTON DC 20535

18 DEC 06 1990

CA1041-0183

U.S. Department of Labor

November 8, 1990

Employment Standards Administration  
Office of Workers' Compensation Programs  
Division of Federal Employees' Compensation  
1100 L Street N.W., Room 9404  
Washington, D.C. 20210



Joseph G. Deegan  
8212 Thornton Road  
Towson, Md. 21204

File Number: A25-367718

Dear: Mr. Deegan:

The Office of Workers' Compensation Programs has received you CA-2, Notice of Occupational Disease and Claim for Compensation. Your case has been assigned to me to evaluate the factual and medical evidence and to make a decision on your eligibility for benefits.

Please refer to the attached checklist. The items which are checked are still required to support your claim.

All statements must be submitted to your employer for their comments. Send a copy to OWCP so that I know that you have done your part. Please put your claim number in the upper right hand corner of each page.

Your early reply is appreciated. You have 60 days from the date of this letter to submit the requested documents. Failure to submit this evidence within the allotted time frame will result in a decision rendered based on the evidence of record and possible denial of your claim.

Sincerely,

[Redacted Signature]

Claims Examiner

CC:OS

:file

ENCLOSURE

1 NOV 30 1990

No action taken,  
Employee Retired  
2/27/77.

67 - NO RECORDED  
14

3/kmm

Evidence Required in Support of a Claim for  
Work-Related Hearing Loss

U.S. Department of Labor  
Employment Standards Administration  
Office of Workers' Compensation Programs



IF YOU ARE FILING A CLAIM FOR HEARING LOSS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	✓	FROM EMPLOYING AGENCY	✓
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service.		9. Review and comment on the employee's statement in response to questions 1-5.	
2. For each job title, describe source of noise, number of hours of exposure per day, and use of any safety devices to protect against noise exposure. State when safety devices were provided.		10. Describe all work-related exposure to hazardous noise, including:	
3. Give history of any previous ear or hearing problems.		a. Locations of job sites.	
4. Describe any hobbies which involve exposure to loud noise.		b. Nature of exposure to noise (machinery, etc.)	
5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.		c. Decibel and frequency level (noise survey report) for each job site.	
6. If you have been examined or treated by a doctor for an ear or hearing problem, provide a medical report and audiograms.		d. Period of exposure, hours per day, days per week.	
7. State whether a claim for workers' compensation benefits for this or any other condition affecting ears or hearing was ever filed. If so, give date of claim, name and address where filed, and benefits received.		e. Type of ear protection provided.	
8. Give the date you first noticed your hearing loss.		11. Attach copies of the employee's:	
Give date you first related hearing loss to employment, and reason why.		a. SF-171, Application for Employment.	
		b. Job sheet and employment record.	
		c. All medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms.	
		12. If the employee is no longer exposed to hazardous noise, give date of last exposure and the payrate in effect on that date.	

ENCLOSURE

3/KMM

## NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

**HINTS:** Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? **A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED.** Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

## NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees' Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence required from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

U.S. Government Printing Office: 1985-461-552/22746



Notice of Occupational Disease  
and Claim for Compensation

U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs



Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.  
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

<b>Employee Data</b>					
1. Name of employee (Last, First, Middle) <b>Deegan, Joseph George</b>				2. Social Security Number <b>090-12-2131</b>	
3. Date of birth Mo. Day Yr. <b>102 110 125</b>	4. Sex <b>M</b>	5. Home telephone <b>(301) 825-7249</b>	6. Grade as of date of last exposure Level <b>GSI</b> Step <b>?</b>	8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	
7. Employee's home mailing address (Include city, state, and zip code) <b>8212 Thorton Road</b> <b>Towson, Maryland</b> Zip Code <b>21204</b>					
<b>Claim Information</b>					
9. Employee's occupation <b>Special Agent FBI - 1/29/51-3/1/77 (Retired) 1977 - Present: BG&amp;E</b> <b>Loaned Executive, Governor's Office of Justice Assistance</b>				a. Occupation code <b>GS 1811</b>	
10. Location (address) where you worked when disease or illness occurred (Include city, state, and zip code) <b>250 West Pratt Street, 20th Floor</b> <b>Baltimore, MD 21201-2423</b>				11. Date you first became aware of disease or illness Mo. Day Yr. <b>-- -- 175</b>	
12. Date you first realized the disease or illness was caused or aggravated by your employment Mo. Day Yr. <b>-- -- 75</b>		13. Explain the relationship to your employment, and why you came to this realization			

In connection with my duties with the FBI, I was required to take fire-arms training. This fire-arms training through the years impaired my hearing. At the time we took the fire-arms training, we did not have the protective devices that are available at this time.

14. Nature of disease or illness <b>Impaired hearing - Medical report from BG&amp;E attached.</b>	OWCP Use - NOI Code b. Type code <b>1700</b> c. Source code <b>0240</b>
15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay <b>At the retirement physical in 1977, I advised them of my hearing problem.</b>	
16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay. <b>Prior to taking fire arms training as noted in Item 13 above, my hearing was good.</b>	
17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.	

**Employee Signature**

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

Signature of employee or person acting on his/her behalf

*Joseph H Deegan*

Date **6-13-90**

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate provisions, be punished by a fine or imprisonment, or both.

Official Supervisor's Report of Occupational Disease: Please complete information requested below

Supervisor's Report

19. Agency name, and address of reporting office (Include city, state, and zip code) OWCP Agency Code  
150200

Federal Bureau of Investigation OSHA Site Code

10th and Pennsylvania Ave. Zip Code  
20535

Washington, D.C. Zip Code

20. Employee's duty station (Street address and zip code)  
Employee Retired 2/27/77

21. Regular work hours From: 9:00 ☒ a.m. ☐ p.m. To: 5:00 ☐ a.m. ☒ p.m.

22. Regular work schedule ☐ Sun. ☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☐ Sat.

23. Name and address of physician first providing medical care (Include city, state, zip code)  
N/A

24. First date medical care received Mo. Day Yr.  
N/A

25. Do medical reports show employee is disabled for work? ☐ Yes ☐ No  
N/A

26. Date employee first reported condition to supervisor Mo. Day Yr.  
N/A

27. Date and hour employee stopped work Mo. Day Yr. Time  
N/A

28. Date and hour employee's pay stopped Mo. Day Yr. Time  
N/A

29. Date employee was last exposed to conditions alleged to have caused disease or illness Mo. Day Yr.  
N/A

30. Date returned to work Mo. Day Yr. Time  
N/A

31. If employee has returned to work and work assignment has changed, describe new duties  
N/A

32. Was injury caused by third party? ☐ Yes ☒ No

33. Name and address of third party (Include city, state, and zip code)  
N/A

If "No," go to item 34.

Signature of Supervisor

34. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

...

...

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...

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...

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b6

# Claim for Compensation On Account of Traumatic Injury or Occupational Disease

U.S. Department of Labor  
Employment Standards Administration  
Office of Workers' Compensation Programs

BEST COPY  
AVAILABLE



## Employee Statement

1. Name of Employee: Last <b>Deegan</b> First <b>Joseph</b> Middle <b>George</b>			2. OWCP File Number		
3. Social Security Number <b>0-91-0-11-2-1-211-31</b>		4. Period of wage loss for which compensation is claimed: From mo. day yr. Thru mo. day yr.		5. Is this a claim for a schedule award? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Has any pay been received for period shown in item 4? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. If yes, amount: From mo. day yr. Thru mo. day yr.			
8. Was claim made against 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name of 3rd party or insurance carrier			
10. Has the claim been settled? Give amount recovered.		Address City State Zip			
11. Have you ever applied for or received benefits from the Veterans Administration based on disability incurred while serving in the Armed Forces of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, furnish		a. Claim number		b. Address of VA office where claim is filed	
12. Have you applied for or received an annuity under the U.S. Civil Service Retirement Act or any other Federal Retirement or Disability Law? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, furnish		a. Claim number		b. Date annuity began mo. day yr.	
				c. Amount of monthly payment \$	

## Dependents

13. List your dependents					
Name	Date of Birth	Relationship	Living with you? (yes/no)	Mailing Address If different from your own	
		Wife	Yes		

14. Support information for above dependents: Are you making support payments for a dependent shown above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. Were support payments ordered by a court? If so, attach copy of court order. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
--	--	--	--

16. If yes, support payments are made to: Last First Middle		
Street		
City	State	Zip
17. Amount		Per

## Signature of Employee

18. I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States, said injury not being due to willful misconduct on my part or to my intention to bring about the injury or death of myself or another, or to my intoxication. I have been disabled because of this injury and have not refused or failed to perform any work I was able to do during the period for which compensation is claimed, and every statement above is true to the best of my knowledge and belief.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation under the Federal Employees' Compensation Act, or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

Employee's signature <i>Joseph M. Deegan</i>		Date (Mo., day, year) <i>1-13-80</i>
19. Employee's home mailing address (Include Zip Code)		
Street <b>8212 Thorton Road</b>		
City <b>Towson</b>	State <b>Maryland</b>	Zip <b>21204</b>



Statement of Official Superior

20. Pay Rate As Of:	a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)
Date of Injury	\$43,692.00 per year	\$ per	\$ per	\$ per
Date Employee Stopped Work	\$ per	\$ per	\$ per	\$ per

21. If employee received additional pay, identify type and show amount:

<input type="checkbox"/> Premium Pay	per	<input type="checkbox"/> Night Pay	per
<input type="checkbox"/> Sunday Pay	per	<input checked="" type="checkbox"/> Other (Identify)	Admin Unchecked O.T. 2.00 per hour

22. Show work schedule for week pay stopped:

☐ Sun ☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri ☐ Sat

23. Did employee work in position for 11 months prior to injury? ☒ Yes ☐ No

24. If not, would position have afforded employment for 11 months but for the injury? ☐ Yes ☐ No

25. Total length of federal civilian service: Yrs. Mos. 23 12

Health Benefits and Optional Life Insurance

26. Was the employee enrolled in a Health Benefits Program on the date pay stopped? ☒ Yes ☐ No

27. Was the employee enrolled in an Optional Life Insurance Program on the date pay stopped? ☒ Yes ☐ No

If yes, give code: N/A

If yes, was employee enrolled in Option: ☐ A N/A ☐ B ☐ C

Ending date of the pay period in which HBS/OLI Deductions were last made: mo. day yr. 12 31 99

If Option B, show number of multiples: 1

Leave and Continuation of Pay

28. Type and inclusive dates employee received leave for any part of period since stopping work. Specify type of leave: SICK, ANNUAL, or OTHER. N/A

Type of Leave	From	mo.	day	yr.	Thru	mo.	day	yr.
Type of Leave	From	mo.	day	yr.	Thru	mo.	day	yr.

29. If employee received continuation of pay (COP), give dates:

N/A Employee Retired 2/27/00

30. Date all pay stopped: Hour: N/A ☐ AM ☐ PM

31. Period for which compensation is claimed: From mo. day yr. Thru mo. day yr. N/A

Return to Duty

32. Date returned to work: Hour: N/A ☐ AM ☐ PM

33. Work schedule when returned to work: ☒ Sun ☐ Mon ☒ Tue ☒ Wed ☐ Thu ☐ Fri ☐ Sat

34. Did the work assignment change because of disability resulting from the injury? ☐ Yes ☐ No

35. Pay rate on return to work: \$ N/A Per

Certification

36. A supervisor who knowingly certifies to any false statement, misrepresentation, or concealment of fact, with respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Signature of supervisor: [Redacted] Date: 7-31-00

Supervisor's title: Supervising Special Agent

Agency name & address: Federal Bureau of Investigation Office phone: [Redacted]

1014 and Pennsylvania Ave. N.W. Washington, D.C. 20535

37. If OWCP needs specific pay information the person who should be contacted is: ☐ Supervisor ☒ Other: Name: [Redacted]

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. W. C. SULLIVAN

FROM : MR. G. C. MOORE

SUBJECT: SA JOSEPH G. DEEGAN  
GRADE GS-14  
EOD BU: 1-29-51  
VETERAN  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION  
(RECOMMENDATION FOR REALLOCATION)

1 - Mr. DeLoach  
1 - Mr. W.C. Sullivan  
1 - Mr. Callahan

DATE: August 13, 1968

1 - Mr. G. C. Moore

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

The purpose of this memorandum is to recommend that Special Agent (SA) Joseph G. Deegan, Supervisor-in-Charge of the Racial Informant, Klan, and White Hate Unit, Racial Intelligence Section, Domestic Intelligence Division, be promoted from Grade GS-14 to Grade GS-15.

SA Deegan entered on duty as a Special Agent on 1-29-51; is in Grade GS-14; \$18,641 per annum; 43 years old; married with six children; and holds a Bachelor of Arts degree from St. Francis College, Brooklyn, New York. He originally served in the Domestic Intelligence Division from 6-4-56 until 11-19-58 when transferred to the New Orleans Division due to a reduction in force. His work was satisfactory but it was felt he needed more field seasoning before being considered for position of Assistant Special Agent in Charge of an office. The Director saw Mr. Deegan 11-4-63 and rated him above average. The Director felt he had potentialities for greater responsibilities in the service. On 2-16-64 he was transferred to Civil Rights Section of General Investigative Division and on 8-19-64 was reassigned to Internal Security Section of the Domestic Intelligence Division where he served until 10-2-67 when the Racial Intelligence Section was established where Mr. Deegan was made Supervisor-in-Charge of the Unit handling highly important racial informant development program. He previously served as Supervisor-in-Charge of the Klan and Racial Informant Unit in the Internal Security Section from 12-5-66 until 10-2-67.

Mr. Deegan's Unit, Racial Informant, Klan, and White Hate Unit is responsible for all racial informant programs as well as supervision of Klan and all white hate groups. He supervises four Special Agent Supervisors and six clerical

CONTINUED - OVER

Memorandum to Mr. W. C. Sullivan  
RE: SA JOSEPH G. DEEGAN  
GRADE GS-14  
EOD BU: 1-29-51  
VETERAN  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION  
(RECOMMENDATION FOR REALLOCATION)

employees. His supervision of these matters and especially racial informants has been truly outstanding. He has demonstrated an unusual amount of organizational ability and excellent results have been achieved in penetrating the Klan and black extremist groups due to the exemplary leadership, planning and guidance Mr. Deegan has afforded these matters. Informant programs which have been so productive have principally been the result of the sound thinking Mr. Deegan is noted for. He functions at best under extreme pressure and is adept at handling complex and highly sensitive matters.

Mr. Deegan's past record is most impressive. He has only been censured twice during his Bureau career, the latest on 2-24-60. On the other hand, he has been commended on 17 occasions, 12 of these being within the past 3 years. On 6-11-68 he received an incentive award of \$200 for outstanding performance over an extended period.

Mr. Deegan also assists in performing the duties of the Number One Man of the Section during his absence and is most knowledgeable in all phases of the Section's work and has proven to be decisive.

RECOMMENDATION:

That SA Deegan, Supervisor-in-Charge of the Racial Informant, Klan, and White Hate Unit, Racial Intelligence Section, Domestic Intelligence Division, be promoted to Grade GS-15.

*[Handwritten signatures and initials]*

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. MOHR

DATE: 9/3/68

FROM : W. S. HYDE *W. S. Hyde*

SUBJECT: SA JOSEPH G. DEEGAN  
Supervisor in Charge  
Racial Informant, Klan and White Hate Unit  
Racial Intelligence Section  
Domestic Intelligence Division  
EOD 1/29/51, GS-14, \$18,641

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

The purpose of this memo is to recommend that SA Joseph G. Deegan, Supervisor in Charge, Racial Informant, Klan and White Hate Unit, Racial Intelligence Section, Domestic Intelligence Division, be promoted from Grade GS-14 to Grade GS-15.

SA Deegan entered on duty 1/29/51, is in Grade GS-14, \$18,641, 43 years old, married with six children, has a B.A. degree and was born in New York. He has last served as a Supervisor at the Seat of Government since 2/16/64 when he arrived in the General Investigative Division. He was transferred to the Domestic Intelligence Division on 8/19/64 and has been assigned to the latter division since this date. He has not been censured and has been commended on nine occasions since last serving at the Seat of Government. His last letter of commendation dated 7/2/68 which he received along with other personnel was for splendid services in handling a high volume of work caused by the Poor People's Campaign. He received a cash award of \$50 by letter 3/29/67 for savings as a result of a suggestion. He also received a cash award of \$200 by letter 6/11/68 for outstanding performance over an extended period of time in supervision of matters relating to confidential sources in the racial field. He was last seen by the Director on 11/4/63 and the Director stated SA Deegan made a substantial personal appearance, seemed to be intensely interested in his assignment and the Director rated him above average. It was felt that Deegan had potentialities for greater responsibilities in the service. He was rated Excellent on his latest annual performance rating dated 3/31/68. In memo of 8/13/68 from Mr. Moore to Mr. Sullivan recommending the promotion of SA Deegan to Grade GS-15 it was pointed out that his unit, the Racial Informant, Klan and White Hate Unit, is responsible for all racial informant programs as well as supervision of Klan and White Hate Groups. He has served as Supervisor in Charge of this unit since 10/2/67. Previously, he served as Supervisor in Charge of another unit in the Domestic Intelligence Division starting on 12/5/66. He now supervises four Special Agents and six clerical employees. Memo of 8/13/68 refers to his supervision

WSH:lac(2)368/42

67-455-043-188

Searched

Numbered

6 SEP 10 1968

OVER

W. S. HYDE TO MR. MOHR  
SA JOSEPH G. DEEGAN

as being truly outstanding and points out that the informant programs which have been so productive have principally been the result of his sound thinking. He has performed duties as #1 Man of the Section during the #1 Man's absence. There are presently four units in the Racial Intelligence Section, one Supervisor in Charge of one of the units is in Grade GS-15 and the three other Supervisors in Charge are in Grade GS-14. The Section Chief and #1 Man are both in Grade GS-15.

RECOMMENDATION:

That SA Joseph G. Deegan, Supervisor in Charge, Racial Informant, Klan and White Hate Unit, Racial Intelligence Section, Domestic Intelligence Division, be promoted from Grade GS-14 to Grade GS-15.

*movement  
advised  
Set free  
9-4-68*

✓

*Joseph G. Deegan*

*W S H*

*W S H*

PERMANENT BRIEF ATTACHED



September 5, 1968

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I am indeed pleased to advise you of your promotion to Grade GS 15, \$19,780 per annum, as a Supervisory Special Agent, effective September 8, 1968.

This promotion is temporary and will remain in effect only for the duration of your present assignment. Upon conclusion thereof, you will be allocated to your permanent grade level.

Sincerely yours,  
J. Edgar Hoover

1 - Mr. DeLoach (PERSONAL ATTENTION)

1 - Mr. Sullivan (PERSONAL ATTENTION) Enclosure

The enclosed "Application for Additional Group Life Insurance" should be given to employee who should be advised that if enrolled under SAMBA, entitlement exists to exercise option to obtain maximum life insurance for grade as explained in application form. In applying for the insurance, the enclosed application should be executed and mailed to SAMBA. To avoid submitting a Personal Health Statement, the application should be mailed within sixty days after the effective date of this promotion.

- 1 - Miss Usilton  
1 - Movement  
1 - Miss Tibbetts

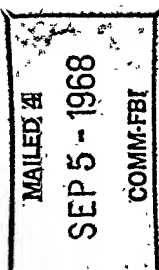
ajm (7)

SEP 12 1968

MAIL ROOM ☐ TELETYPE UNIT ☐

455-0923-  
Searched \_\_\_\_\_ Indexed \_\_\_\_\_  
SEP 10 1968

RGH-WORNA



Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Bishop	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

Washington, D. C.  
September 9, 1968

*Quarrel*

Mr. John Edgar Hoover  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

I have received your letter dated September 5, 1968, advising me of my promotion to Grade GS-15.

I am deeply appreciative of receiving this promotion and want to assure you I will continue to perform my duties to the very best of my ability to merit the confidence you have shown in me.

Sincerely,

*Joseph G. Deegan*

Joseph G. Deegan  
DOMESTIC INTELLIGENCE DIVISION

REC-137

67-455043-190	
Searched	Numbered
7	SEP 11 1968
61	

**EXP. PROC.**

SEP 9 1968

8 SEP 13 1968

72

SEP 17 54 11 1968  
HAWAIIAN ISLANDS

*2/10*

REPORT OF MEDICAL EXAMINATION

FBI  
88-112

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Deegan, Joseph G.</u>			2. GRADE AND COMPONENT OR POSITION <u>SA</u>		3. IDENTIFICATION NO. <u>9-97-24</u>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP code)			5. PURPOSE OF EXAMINATION <u>Annual</u>		6. DATE OF EXAMINATION <u>8-14-68</u>	
7. SEX <u>M</u>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY		11. ORGANIZATION UNIT
12. DATE OF BIRTH <u>2/10/25</u>		13. PLACE OF BIRTH <u>N. Y.</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <u>NWMC</u>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext.; canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction, under items 59, 60 and 61)	
	25. OPHTHALMOSCOPIC	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

23. SL. A-v. nicking inf. femoral Artery  
of O.S.

RESULTS		
18.0	HGB	GMS 100ML
53	HCT	%
10.8	WBC	X10 <sup>3</sup>
52	NEUT	%
	BAND	%
34	LYMPH	%
1	EOS	%
	BASO	%
13	MONOS	%

REC-137

67-455043-191

Searched \_\_\_\_\_ Numbered \_\_\_\_\_

8 JUL 25 1968

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth —Nonrestorable teeth																	
X—Missing teeth XXX—Replaced by dentures																	
(6 X 8)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I																	E
G																	T
H																	
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam by per  
class  
no defects noted

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.009</u>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <u>neg</u>	D. MICROSCOPIC	21607—See Report	
C. SUGAR <u>neg</u>	48. EKG	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result)	<u>WNL</u>	50. OTHER TESTS	

COPY MADE FOR OWB  
WTP 6/28

23

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6' 1"	52. WEIGHT 185	53. COLOR HAIR BRN	54. COLOR EYES HAZEL	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)					
A. SITTING SYS. 140 DIA. 100	B. RECLINING SYS. 140 DIA. 100	C. STANDING (3 min.) SYS. DIA.	A. SITTING 102	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECLINING	E. AFTER STANDING 3 MIN.		
59. DISTANT VISION			60. REFRACTION			61. NEAR VISION			
RIGHT 20/20	CORR. TO 20/	BY S. CX	CORR. TO			BY			
LEFT 20/20	CORR. TO 20/	BY S. CX	CORR. TO			BY			
62. HETEROPHORIA (Specify distance)									
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD		
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT	LEFT	PIPT 16						CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION	
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV	/15 SV	/15	250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144
LEFT WV	/15 SV	/15	RIGHT						
			LEFT						

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
None						P	U	L	H	E	S
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR											
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	D	E	
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
						[Signature]					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

Deegan, Joseph G.

FBI

T-18

AGE

SEX

(Check one)

43 M

☐ BEDSIDE WHEELCHAIR,  
OR STRETCHER☐ BED  
PATIENT☒ AMBULATORY

EXAMINATION REQUESTED

PA Chest

REQUESTED BY

Dr Fox

DATE OF REQUEST

8-14-68

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Annual PE

FILM NO.

21607

DATE OF REPORT

14 AUG 68

RADIOGRAPHIC REPORT

PA CHEST: 14 Aug 68. There is a calcified complex in the left lower lung and calcifications in both hilar areas consistent with healed granulomatous disease. The skeletal structures, mediastinum and cardiac silhouette are normal. There is no evidence of active disease in the chest at this time.

W

J. P. SMITH

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

LCDR MC USN

tec

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY.

Standard Form 519A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)RADIOGRAPHIC REPORT  
519-205

ENCLOSURE

67-455043-191

QW

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

Deegan Joseph G.  
Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

49. Is necessary unless facilities for affording same are not readily available.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-455043-191

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Medical Examiner

14 Aug 68  
 \_\_\_\_\_  
 Date

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. W. C. SULLIVAN *WCS/AM* DATE: 10/25/68

FROM : MR. G. C. MOORE *gc*

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

SUBJECT: IN-SERVICE TRAINING  
SA JOSEPH G. DEEGAN  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

This is to advise that SA Deegan will not attend In-Service Training, Advanced Security - General, beginning November 4, 1968, as previously scheduled.

The tense situation presently existing in the black extremist field has placed heavy responsibilities in the field of racial informant matters. Additionally, the forthcoming briefing conferences on police training entail a great deal of work and planning. These items all fall within the scope of SA Deegan's responsibilities and it would, therefore, be most undesirable to have him absent at this time.

In view of the above it is necessary to cancel SA Deegan's scheduled attendance at In-Service Training.

## ACTION:

That this memorandum be forwarded to the Training Division for appropriate attention.

GCM:mjt  
(5)

- 1 - Mr. W. C. Sullivan
- 1 - Training Division
- 1 - Administrative Division
- 1 - Mr. G. C. Moore

*JCM*

67-455 043-192	
Searched	Numbered
1 OCT 30 1968	

*Cec*

REC-148

*PPERS. OPS. UNIT*

8 NOV 5 1968

*3-asy*



December 16, 1968

PERSONAL

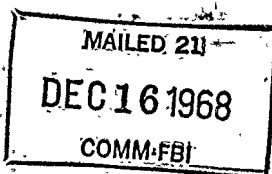
Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I am taking this occasion to commend you for your excellent performance in briefing sessions for selected police instructors regarding organizations and individuals of great interest to the FBI in the racial field.

You fulfilled your responsibilities as moderator for these classes in a most noteworthy manner and the success realized can be attributed in part to your knowledgeable and skillful efforts. Those who participated were certainly pleased with the high quality of the sessions and I appreciate your splendid contributions.

Sincerely yours,  
J. Edgar Hoover



1 - Mr. Sullivan (Personal Attention)

1 - Miss Usilton (Sent Direct)

JMP  
(5)

67-455043

REC-139

67-455043-193	
Searched	Numbered
2 DEC 20 1968	

Based on Casper-Mohr memo 12/11/68 re Training - Police Briefings Regarding Racial Extremists and Violence; Racial Matters.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

DEC 26 1968  
MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Mohr

DATE: December 11, 1968

FROM : J. J. Casper

SUBJECT: TRAINING - POLICE  
BRIEFINGS REGARDING RACIAL EXTREMISTS  
AND VIOLENCE  
RACIAL MATTERS

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

In pursuance of approval contained in Sullivan to DeLoach memorandum, 10/1/68, Domestic Intelligence Division personnel conducted, on 12/2, 3/68, and 12/9, 10/68, two-day pilot briefing sessions for police instructors from West Coast and East Coast Offices in order that those instructors may conduct briefing sessions for local law enforcement command and supervisory personnel regarding racial extremist organizations and individuals dedicated to the destruction of an orderly society and who commit violence against law enforcement.

I attended some of the sessions and Supervisor Brownfield, Police Training Unit, attended most of them. Training Division was impressed by, and appreciative of, the successful efforts of Domestic Intelligence Division to provide all possible background and resource materials regarding extremists to the police instructors who will implement this pilot program in the field. I spoke to the instructors in each class and all assured me they received what is needed to conduct successful briefing sessions for local law enforcement officials. This is significant as experienced police instructors know when they have adequate background knowledge and resource materials to present a subject matter.

The direction and contributions of G. C. Moore, Chief, Racial Intelligence Section, Domestic Intelligence Division, insured the success of these briefings, and Supervisor in Charge J. G. Deegan, Racial Informant, Klan and White Hate Unit, Domestic Intelligence Division, was a knowledgeable, articulate and strong moderator for both sessions. I recommend that the efforts of these men be recognized in individual letters of commendation.

## RECOMMENDATION:

That Messrs. G. C. Moore and J. G. Deegan, Domestic Intelligence Division, be commended for their outstanding efforts and accomplishments during briefing sessions for selected police instructors regarding racial extremist organizations and individuals.

1 - Mr. DeLoach

1 - Mr. Sullivan

JJC:aga

(4) Enclosures

Appropriate letters attached to SAs George C. Moore and Joseph G. Deegan

REC-133

67-237572-267

Searched \_\_\_\_\_ Indexed \_\_\_\_\_

2 62

12412 XEROX

DEC 30 1968

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. W. C. Sullivan *WCS*

FROM : G. C. Moore *he*

SUBJECT: REQUEST FOR WHITE HOUSE TOUR

DATE: 11/1/68

Tolson ☒  
DeLoach ☒  
Mohr ☐  
Bishop ☐  
Casper ☐  
Callahan ☐  
Conrad ☐  
Felt ☐  
Gale ☐  
Rosen ☐  
Sullivan ☒  
Tavel ☐  
Trotter ☐  
Tele. Room ☐  
Holmes ☐  
Gandy ☐

*Deegan*

It is requested that arrangements be made for a White House tour for [redacted], daughter of Special Agnet Joseph G. Deegan and [redacted] on Tuesday, November 5, 1968.

b6

[redacted] attends the College of New Rochelle at New Rochelle, New York with [redacted] and will be vacationing in Washington, D. C.

JGD:rmm (5)

- 1 - Mr. C. D. DeLoach
  - 1 - Mr. W. C. Sullivan
  - 1 - Mr. G. C. Moore
  - 1 - Mr. J. G. Deegan
- Wes/APP*
- OK*
- 8:30 AM*  
*11-5-68*
- 5-8-68*
- OP*

18 NOV 7 1968

67-NOT RECORDED  
10 NOV 8 1968

PERS. REC. UNIT

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH G. DEEGAN

Where Assigned: DOMESTIC INTELLIGENCE RACIAL INTELLIGENCE SECTION  
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT - GS-15

Rating Period: from APRIL 1, 1968 to MARCH 31, 1969

ADJECTIVE RATING: EXCELLENT  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

*JD*

Rated by: *George G. Moore* Section Chief 4/15/69  
Signature Title Date

Reviewed by: *William D. Sullivan* Assistant Director 4/15/69  
Signature Title Date

Rating Approved by: *W. D. Sullivan* Assistant Director APR 17 1969  
Signature Title Date

455043-194

REC-137  
TYPE OF REPORT

4 MAY 22 1969

☒ Official  
☒ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

134  
8 MAY 26 1969

*3 Jan*

# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JOSEPH G. DEEGAN

## RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

### RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).  
E Excellent.  
✓ Satisfactory (good or very good).  
- Unsatisfactory.  
O No opportunity to appraise performance during rating period.

### Guide for determining adjective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
  - Any element rated "Unsatisfactory" must be supported by narrative comments.
  - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory; (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- |   |   |
|---|---|
| <u>+</u> (1) Personal appearance.   | <u>E</u> (16) Firearms ability.   |
| <u>+</u> (2) Personality and effectiveness of his personal contacts.  | <u>+</u> (17) Development of informants and sources of information.   |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  | <u>E</u> (18) Reporting ability: <ul style="list-style-type: none"> <li><u>O</u> (a) Investigative reports</li> <li><u>O</u> (b) Summary reports</li> <li><u>E</u> (c) Memos; letters, wires</li> </ul> (Consider: <u>E</u> conciseness; <u>+</u> clarity; <u>E</u> organization; <u>+</u> thoroughness; <u>E</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.)   |
| <u>+</u> (4) Physical fitness (including health, energy, stamina).  | <u>O</u> (19) Performance as a witness.   |
| <u>+</u> (5) Resourcefulness and ingenuity.   | <u>+</u> (20) Executive ability: <ul style="list-style-type: none"> <li><u>+</u> (a) Leadership</li> <li><u>+</u> (b) Ability to handle personnel</li> <li><u>+</u> (c) Planning</li> <li><u>+</u> (d) Making decisions</li> <li><u>+</u> (e) Assignment of work</li> <li><u>+</u> (f) Training subordinates</li> <li><u>+</u> (g) Devising procedures</li> <li><u>+</u> (h) Emotional stability</li> <li><u>+</u> (i) Promoting high morale</li> <li><u>+</u> (j) Getting results</li> </ul> |
| <u>+</u> (6) Forcefulness and aggressiveness as required.   | <u>O</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <li><u>O</u> (a) As leader</li> <li><u>O</u> (b) As participant</li> </ul>   |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.   | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement.   |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.   | <u>+</u> (23) Ability to work under pressure.   |
| <u>+</u> (9) Planning ability and its application to the work.  | <u>E</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <li><u>E</u> Dictation ability</li> </ul>   |
| <u>+</u> (10) Accuracy and attention to pertinent detail.   |   |
| <u>+</u> (11) Industry, including energetic, consistent application to duties.  |   |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.   |   |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.   |   |
| <u>+</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <li><u>+</u> (a) Internal security cases</li> <li><u>O</u> (b) Criminal or general investigative cases</li> <li><u>O</u> (c) Fugitive cases</li> <li><u>O</u> (d) Applicant cases</li> <li><u>O</u> (e) Accounting cases</li> </ul> |   |
| <u>O</u> (15) Physical surveillance ability.  |   |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Supervisor in Charge - Racial Informant, Klan, and White Hate Unit - racial and klan matters

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): desk man

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT  
 Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS



## NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY: Mr. Deegan makes an excellent personal appearance. He is well-groomed and always dresses in excellent taste. He has a pleasant and friendly personality which coupled with his sincerity, enables him to be most effective in his contacts.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

Mr. Deegan has not participated in raids and dangerous assignments during this rating period, he has, however, demonstrated his capabilities for utilization in such capacity.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are no physical limitations. Mr. Deegan is available for both general and special assignments wherever his services may be needed. His sick leave record is satisfactory.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

During the rating period, Mr. Deegan has continued to serve in the Racial Intelligence Section of the Domestic Intelligence Division as Supervisor in Charge of a Unit which has the responsibility for investigations of Klan and racial informant matters. The work of this Unit is noted for its complexity and volume. He has outstanding leadership characteristics and as a result those under his supervision produce an exceptional volume of pressure-type work which is noted for its accuracy and quality. Mr. Deegan is a hard worker who approaches his work enthusiastically and consistently is devising new programs and procedures to streamline our operations and to permit more efficient supervision. He constantly exercises an abundance of common sense and good judgment in resolving the many problems which arise on a daily basis. He works extremely well under pressure, has an outstanding attitude demonstrated repeatedly by putting the best interests of the Bureau ahead of personal desires and responsibilities. He is in all categories a definite asset to the Bureau.

  
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: He was commended 4/17/68 and 7/2/68 through letters to Assistant Director Sullivan for his fine work regarding handling of matters of vital interest to the Bureau. On 6/11/68 he was commended and afforded a \$200 incentive award for outstanding performance. He was commended through Assistant Director Casper 6/14/68 for his participation in an In-Service School. He was commended 12/16/68 for his work with police briefing sessions.
6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:  
(List items taken into consideration on rating guide and check list.)

N.A.

7. PARTICIPATION IN INFORMANT PROGRAMS:

Mr. Deegan has achieved outstanding results in the racial informant field.

8. TESTIFYING EXPERIENCE AND ABILITY:

N.A.

9. ACCOUNTING INFORMATION:

N.A.

10. POLICE INSTRUCTION:

Mr. Deegan is an approved general police instructor; however, he has not been utilized in such capacity during the rating period.

11. RESIDENT AGENTS:

N.A.

  
Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Mr. Deegan is a qualified Inspector's Aide.

13. FOREIGN LANGUAGE ABILITY: N, A.

Language in which proficient \_\_\_\_\_

Completed language school ☐ Yes ☐ No

Fluent in \_\_\_\_\_ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No  
(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory.

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency \_\_\_\_\_ language ability used during rating period:

Frequency of use of \_\_\_\_\_ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

- (a) Agent is interested in administrative advancement. ☒ Yes ☐ No
- (b) Agent is completely available for administrative advancement. ☒ Yes ☐ No
- (c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☒ Yes ☐ No
- (d) If answer to (c) is "Yes," Agent's qualifications are considered  
☐ very good ☒ excellent ☐ outstanding
- (e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No

  
Initials



UNITED STATES GOVERNMENT

# Memorandum

TO : MR. W. C. SULLIVAN

DATE: May 26, 1969

FROM : MR. G. C. MOORE *GC Moore*

SUBJECT: RECOMMENDATION FOR INCENTIVE AWARD

Mr. Tolson \_\_\_\_\_  
Mr. DeLoach \_\_\_\_\_  
Mr. Mohr \_\_\_\_\_  
Mr. Bishop \_\_\_\_\_  
Mr. Casper \_\_\_\_\_  
Mr. Callahan \_\_\_\_\_  
Mr. Conrad \_\_\_\_\_  
Mr. Felt \_\_\_\_\_  
Mr. Gale \_\_\_\_\_  
Mr. Rosen \_\_\_\_\_  
Mr. Sullivan \_\_\_\_\_  
Mr. Tavel \_\_\_\_\_  
Mr. Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Miss Holmes \_\_\_\_\_  
Miss Gandy \_\_\_\_\_

Name of Employee <b>Joseph G. Deegan</b>	Where Assigned <b>Domestic Intelligence Division - Racial Intelligence Section</b>	Social Security Number <b>090-12-2131</b>
Position, Grade and Salary <b>Special Agent (Supervisor in Charge, Racial Informant, Klan, and White Hate Unit) - Grade GS-15 \$19,780</b>		EOD Date <b>1-29-51</b>

BASIS for this recommendation is as follows: (Check one or more as facts justify.)

- ☒ 1. Sustained above-average performance for such period of time as would be reasonable under the circumstances, that merits recognition. (Point out specifically how performance is considered superior. Use examples and illustrations wherever possible. In addition to results attained advise what employee has done to achieve outstanding results.)
- ☐ 2. Exemplary performance of assigned tasks whereby previously unattained records of production are achieved. (Set forth production record with appropriate comparisons.)
- ☐ 3. Exemplary or courageous handling of an emergency situation in connection with or related to official employment. (Describe in detail, listing specific risks or dangers involved and results achieved.)
- ☐ 4. Ideas which have resulted in improved operations. (Summarize ideas and specific improvements therefrom. Set forth first year's net savings, if any, and how computed.)
- ☐ 5. Performance which has involved the overcoming of unusual difficulties. (List specific obstacles, problems, hardships, sacrifices, etc., as well as unusual investigative techniques utilized with results achieved, setting forth precisely how employee overcame obstacles, etc.)
- ☐ 6. Creative efforts, including inventions or techniques, which have increased efficiency, or improved the service. (Describe in detail listing benefits and/or savings resulting.)

REC-136

67-455043-195

JUSTIFICATION—(Set forth below, and attach supplemental page(s) as necessary, a clear, concise report of employee's performance in justification of award. Be specific and omit generalities. Give facts, not conclusions. Not only advise what was accomplished, but how it was accomplished, placing emphasis on performance. Remember that these justifications must be adequate. They may be subject to post-audit outside the Bureau but do not withhold information for security reasons since neither this form nor any confidential information will be made available outside the Bureau for such post-audits.)

On May 21, 1969, the Racial Intelligence Section completed a series of conferences which commenced on December 2, 1968, during which police instructors and racial supervisors in all continental offices received intensive training regarding white and black racial extremism which permits these personnel to conduct police conferences before staff and command police personnel. All told 159 Special Agents were trained during 11 separate training sessions.

GCM:mjt (7) Enc.

1 - Mr. DeLoach  
1 - Mr. Mohr  
1 - Mr. W. C. Sullivan  
1 - Mr. Callahan  
1 - Mr. Casper  
1 - Mr. G. C. Moore

6 JUN 10 1969

Memorandum of Administrative Division page 3.

OVER

Memorandum for Mr. W. C. Sullivan  
RE: RECOMMENDATION FOR INCENTIVE AWARD  
SA JOSEPH G. DEEGAN

Reports from the field indicates these police training sessions in extremism are extremely well received, in fact so much so that this is the topic selected for the Annual Law Enforcement Conferences. It is felt that the success being attained during these training sessions throughout the country is directly attributable to training afforded the police instructors by the Racial Intelligence Section of the Domestic Intelligence Division which prepared and presented the entire course. The person primarily responsible for this endeavor was Special Agent Joseph G. Deegan, Supervisor in Charge of the Racial Informant, Klan, and White Hate Unit of this Section who coordinated the program.

Mr. Deegan gave himself completely to this assignment and planned and organized a training program which the police instructors in attendance consistently complimented as being unique, fast moving, informative, practical and superior in all respects. Using an unusual amount of imagination the training session consisted of a balanced presentation of both black and white extremism utilizing very effective taped recordings of extremists; movies; and other audio-visual aids equally as effective. In addition through Mr. Deegan's coordination and planning each police instructor has been given a wealth of background material including summaries of all key extremist individuals and groups. These summaries were especially prepared for these training sessions.

Indicative of the superior performance of Mr. Deegan in this endeavor is the fact that all material was kept up to date and in tune with current developments in this rapidly changing racial picture. Although these training sessions were conducted as a collateral assignment to his regularly assigned duties which are extremely heavy on a day-to-day basis, Mr. Deegan during each of the 11 sessions, displayed outstanding enthusiasm which did much to keep these sessions lively and endowed the trainees with the seriousness of this critical racial problem from an internal security viewpoint.

Memorandum for Mr. W. C. Sullivan  
RE: RECOMMENDATION FOR INCENTIVE AWARD  
SA JOSEPH G. DEEGAN

RECOMMENDATION:

In view of SA Deegan's sustained superior performance over an extended period of time, it is recommended that he be honored with an incentive award in an amount to be determined by the Administrative Division.

*gjs* *was* *ds*

ADDENDUM OF ADMINISTRATIVE DIVISION, 5-29-69, RHC:wjb/pam.

This recommendation has been discussed with Assistant Director Felt who has advised that the recent inspection of the Domestic Intelligence Division disclosed that SA Deegan has been doing a very fine job. However, in considering this matter, it is noted that in 6/68 SA Deegan received a \$200 incentive award for his outstanding performance over an extended period of time in the supervision of matters of vital concern to the Bureau in the racial field; and he was recently promoted to GS-15 (9-8-68). Further, he was commended 12-16-68 for excellent performance in briefing sessions for selected Police Instructors regarding racial matters. His performance has not been such as to merit recognition in the form of an incentive award and it is accordingly recommended that in lieu thereof, he be commended.

Appropriate letter attached for SA Joseph G. Deegan

*ack*  
*Joseph G. Deegan* *John* *mel* *5 BA*

PERMANENT BRIEF OF FILE OF SA DEEGAN ATTACHED.

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 5/13/69I certify that I have ☒ received ☐ returned the following Government property for official use:*Monograph:**Klan Organizations: Section III, 1958-1964**Copy #30* ✓

FILE

3/

V.L.H.

## READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY

NOT RECORDED

10 MAY 16 1969

Very truly yours,

(Signature)

*Joseph G. Deegan*

(Typed name)

*Joseph G. Deegan*

Mr. G. C. Moore

4/7/69

J. G. Deegan

ASSIGNMENT OF WORK  
RACIAL INFORMANT, PLAN, AND  
WHITE HATE UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

1 - Mr. G. C. Moore  
1 - Mr. J. G. Deegan

Analyses have been made of the current work load in the above unit and in line with our streamlining procedure the following assignments have been made effective April 1, 1969.

Deegan

Racial informants Cincinnati, Cleveland, Dallas,  
and Salt Lake City  
SAC Visit Write-ups, Inspection Write-ups  
Analysis of tabulation Status Reports, Racial  
Informants Extremist groups (black-white) all field  
offices  
Approval of outgoing signature mail  
Lectures on Racial Informants for New Agents and  
In-Service

Varian

White Hate Groups all divisions (individual and  
organizational cases)  
Counterintelligence - White Hate and Klan groups  
Counterintelligence - Black Panther Party  
Racial Informants - San Antonio, El Paso, Knoxville  
and Memphis  
Assists on Klan specials  
New Agents and In-Service lectures on White Hate Groups  
Alternate - Klan In-Service and New Agent lectures

JED:rm (8)

- 1 - Personnel File - SA Joseph A. Varian, Jr.
- ① - Personnel File - SA Joseph G. Deegan
- 1 - Personnel File - SA [REDACTED]
- 1 - Personnel File - SA William D. Korman
- 1 - Personnel File - SA John V. Walsh

67-NOT RECORDED

1 APR 17 1969

b6

Memorandum to Mr. G. C. Moore  
Re: ASSIGNMENT OF WORK  
RACIAL INFORMANT, REAT AND  
WHITE RACE UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

b6

Racial Informants in following field divisions:

Albany	Las Vegas	Sacramento
Boston	Los Angeles	St. Louis
Buffalo	Milwaukee	San Diego
Butte	Newark	San Francisco
Chicago	New Haven	Seattle
Denver	New York	Springfield
Detroit	Oklahoma City	WFO
Houston	Philadelphia	Phoenix
Indianapolis	Pittsburgh	Omaha
Kansas City	Portland	Minneapolis
Louisville		

Intensification of informant development in the  
Black Panther Party  
Correlation of all A & D Visual aids for police  
briefings on racial extremists  
Alternate lecturer on Racial Informants

Program

Administrative Reviews all field divisions  
Special racial informant projects  
Alternate - Key Agents and In-Service lectures on  
Racial Informants  
Racial Informants in the following offices:

Atlanta	Mobile
Baltimore	New Orleans
Birmingham	Norfolk
Charlotte	Richmond
Columbia	Savannah
Jackson	Tampa
Jacksonville	
Little Rock	
Miami	

Memorandum to Mr. G. C. Moore  
Re: ASSIGNMENT OF WORK  
RACIAL INTELLIGENCE, KLAN, AND  
WHITE BATH UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

Walloh

All Klan organizations and individual cases  
New Agents and In-Service lectures on Klan  
Alternates - New Agents and In-Service lectures  
on White Bath groups

June 4, 1969

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

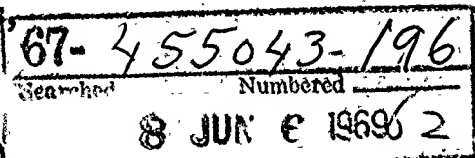
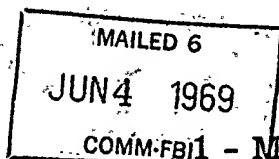
I am pleased to commend you for your exemplary performance incident to briefing sessions for selected police instructors and supervisors in connection with matters of great interest to the Bureau in the racial field.

You coordinated an informative, imaginative and effective training program and, as a result, the high quality of these sessions can be attributed to your knowledgeable and skillful efforts. I am appreciative of your fine services in this area of our operations.

Sincerely yours,

J. Edgar Hoover

REC-136



Mr. Sullivan (Personal Attention)

RE: Racial Extremists and Violence

Based on information submitted Bureau has concluded that services of this employee were not such as to warrant an incentive award.

It is noted in connection with this SA Deegan was afforded a \$200 incentive award 6/68 for sustained above-average performance and was recently promoted to GS-15 on 9/8/68. 67-455043

Based on memo Moore - Sullivan 5/26/69 and addendum Administrative Division 5/29/69 re Joseph G. Deegan, Special Agent. Racial Informant, Klan and White Hate Unit.

1 - Miss Usilton (Sent Direct)

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

(M.A. JONES)



DIRECTOR, FBI

5-27-69

SAC, OKLAHOMA CITY

GEORGE C. MOORE, Chief, Racial Intelligence Section;  
JOSEPH G. DEEGAN, Supervisor in Charge, Racial Informants,  
Klan and White Hate Unit  
COMMENDATION MATTER

Reference is made to Bureau airtel 2-11-69, captioned "Police Training regarding Racial Extremists and Violence".

As the Bureau is aware, special training sessions for field personnel who handle racial extremists matters were recently completed at S.O.G. The last session, which covered the period 5/19-21/69, was attended by two of the Oklahoma City personnel.

These sessions were considered to have been outstanding in their subject matter. The presentations by the participating personnel were timely, interesting and succinct. The immediate value of these sessions insofar as training and educating local law enforcement personnel is immeasurable, especially in view of the current volatile situation which exists in hundreds of communities throughout the country.

Special Agents MOORE and DEEGAN actively participated in all aspects of these sessions and kept the classes apprised of the most recent plans and innovations of the various extremists groups. It was obvious to the participants in these classes that these Agents had given much hard work, thought and planning in the preparation of these classes. It is sincerely felt that the performance by these Agents is far in excess of that normally expected. Their dedication to the Bureau's responsibilities under their supervision acted as a stimulus to members of the class.

Although there obviously were many persons responsible for such a series of successful briefings, it is felt that the efforts of Special Agents MOORE and DEEGAN are most deserving of individual letters of commendation.

2 - Bureau  
1 - Oklahoma City  
JMR:TK  
(3)

8 JUN 11 1969 38

ORIGINAL FILED IN 67-23751-272

REPORT OF MEDICAL EXAMINATION

88-112

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEE GAN JOSEPH G</b>		2. GRADE AND COMPONENT OR POSITION <b>SA</b>	3. IDENTIFICATION NO. <b>9-97-24</b>
4. HOME ADDRESS (Number, street or RPD, city or town, State and ZIP code)		5. PURPOSE OF EXAMINATION <b>ANNUAL</b>	6. DATE OF EXAMINATION <b>8-4-69</b>
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>2-10-25</b>	
13. PLACE OF BIRTH <b>N.Y.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP
<input type="checkbox"/>	19. NOSE
<input type="checkbox"/>	20. SINUSES
<input type="checkbox"/>	21. MOUTH AND THROAT
<input type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input type="checkbox"/>	23. DRUMS (Perforation)
<input type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)
<input type="checkbox"/>	25. OPHTHALMOSCOPIC
<input type="checkbox"/>	26. PUPILS (Equality and reaction)
<input type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)
<input type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)
<input type="checkbox"/>	33. ENDOCRINE SYSTEM
<input type="checkbox"/>	34. G-U SYSTEM
<input type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input type="checkbox"/>	36. FEET
<input type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input type="checkbox"/>	40. SKIN, LYMPHATICS
<input type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)
<input type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
<input type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

39 VSULA

Appendectomy scar RLQ

RESULTS

139 NA+  
4.8 K+  
100 CL  
31 CO  
2  
26 TP  
4.0 ALB  
9.3 CA+  
14 ALK. PHOS  
9 BUN  
95 GLU  
25 SGOT  
70 CHOL

REC-149

67. 455043-19260  
5 AUG 26 1969 19 T-BILL  
70

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
H																	F
T																	T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type III  
CLAS  
NED

45. URINALYSIS: A. SPECIFIC GRAVITY B. ALBUMIN C. SUGAR 47. SEROLOGY (Specify test used and result)		D. MICROSCOPIC 1-2 WBC 48. EKG 49. BLOOD TYPE AND RH FACTOR		46. CHEST X-RAY (Place, date, film number and result) #21607-NEG 50. OTHER TESTS	
NEG		WNL		COPY MADE FOR ONCO	
NEG		WNL		7/29/69	

29

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>73 in</i>	52. WEIGHT <i>189</i>	53. COLOR HAIR <i>Brownish</i>	54. COLOR EYES <i>Hazel</i>	55. BUILD: (Check one) <input checked="" type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> COBSE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. <i>138</i> DIAS. <i>106</i>	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING <i>74</i>	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/ <i>20</i>	CORR. TO 20/	BY S. CX	61. NEAR VISION		
LEFT 20/ <i>20</i>	CORR. TO 20/	BY S. CX	<i>162</i> CORR. TO BY		
62. HETEROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	<i>PIP 9/16</i>		UNCORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		CORRECTED	
70. HEARING		71. AUDIOMETER			
RIGHT WV. <i>15</i> /15 SV	/15	250 250	500 512	1000 1024	2000 2048
LEFT WV. <i>15</i> /15 SV	/15	4000 4096	6000 6144	8000 8192	
		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76. A. PHYSICAL PROFILE					
		P	U	L	H	E	S
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR		B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE <i>[Signature]</i>					
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE					
		NUMBER OF ATTACHED SHEETS					

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee: DEE GAN JOSEPH G.  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2.	9	62	69
3.	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis. \_\_\_\_\_

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

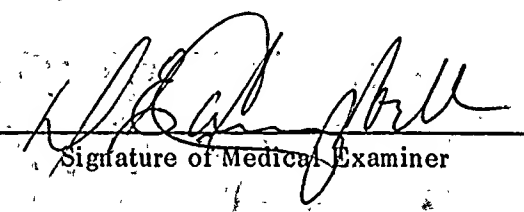
6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Medical Examiner

\_\_\_\_\_  
 Date



UNITED STATES GOVERNMENT

# Memorandum

TO : MR. W. C. SULLIVAN

DATE: 12/17/69

FROM : MR. G. C. MOORE *GCM*

SUBJECT: SPECIAL AGENT JOSEPH G. DEEGAN  
Grade GS-15  
EOD BU: 1/29/51  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION  
(RECOMMENDATION FOR CENSURE)

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Special Agent [redacted] dictated a letter to Mr. [redacted], Federal Bureau of Investigation, Los Angeles, California, dated December 16, 1969. Mr. Tolson's Office detected an error in the letter in that the initial C. rather than G. was used in setting out Mr. [redacted]'s name. Although the letter was dictated by SA [redacted], he was on sick leave at the time of actual preparation of the letter and was initialed out of the Section by SA Joseph G. Deegan. b6

## RECOMMENDATION:

In accordance with Bureau instructions with regard to errors in outgoing correspondence, it is recommended that SA Deegan be censured. Proposed letter attached.

## ACTION:

That this memorandum be forwarded to the Administrative Division for appropriate attention.

GCM:mjt  
(4)

- 1 - Mr. W. C. Sullivan
- 1 - Administrative Division
- 1 - Mr. G. C. Moore

Enclosure

REC-146

67-455043-198

Search

Na-2-4

DEC 22 1969

*W.C.S.*  
*GCM*  
*dmr*  
*for m*  
*12/22/69*  
*3/2/70*

DEEGAN, JOSEPH G.

Special Agent

212

Office	Date		Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT		
	Month-Day-Year									Rifle	MG			
NY	2/14/63	270												
	4/8/63			98	82		100							
	6/17/63			90		73		13					✓ GAS	
	8/12/63			94	78				100				✓ S	
INS.	11/4/63									88	80			
MU	12/12/63	264												
	12/12/63	270												
	1/14/64	250												
SOG	3-17-64	260												
	3-17-64			86	88		100						✓ HC	
	5-21-64			94		85		10					✓ GAS	
SOG	10-22-64			86	83				80					
"	"			88		89		6					✓ BA	
"	1-28-65	258												
SOG	3-18-65	270												
"	4/21/65	258												
	"			86	88		80							
SOG	6/10/65	252												
SOG	6/10/65			94		80		10					✓ GAS	
"	8-2-65			88	88				100				✓ S	
SOG	7-21-66			98	76.0			11	100		80		✓ GAS	HC
"	12-5-66	220												
SOG	6/9/67			94	89.6			18	80		82		✓ DA	
"	1-12-68	220												
"	7/11/68			88	83			10	60		78		✓	CLP AR

NOT RECORDED

OUT 8 1969

(54)

FILE #28

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE  DEEGAN JOSEPH G	SOCIAL SECURITY NUMBER  090-12-2131
--	---

## NOTIFICATION OF BASIC CHANGE

CODE-NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892--QUALITY INCREASE	<input type="checkbox"/> 896--ADMIN. PAY INCREASE	9/ 7/69	9/ 8/68
<input checked="" type="checkbox"/> 893--WITHIN GRADE INCREASE	<input type="checkbox"/> 897--ADMIN. PAY DECREASE		
<input type="checkbox"/> 894--PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL  GS-15	STEP OR RATE  STEP 2	OLD SALARY  \$21,589.00	NEW SALARY  \$22,309.00

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	<i>J. Edgar Hoover</i>

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS

**67-NOT RECORDED**  
**14 SEP 10 1969**

*J. Edgar Hoover*

9/ 7/69  
(DATE)

JOHN EDGAR HOOVER  
DIRECTOR

PERSONNEL FILE COPY



January 7, 1970

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I want to take this opportunity to commend you for your noteworthy overall supervision from the Seat of Government in a matter of extreme importance to the FBI in the racial field.

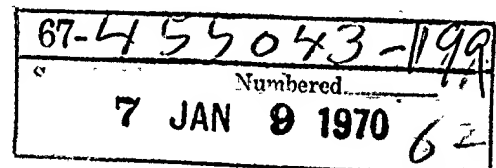
The successful results attained can be attributed largely to the professional manner in which you handled your responsibilities. I certainly appreciate your splendid efforts in this difficult and sensitive operation.

Sincerely yours,

J. Edgar Hoover



REC-135



1 - Mr. Sullivan (Personal Attention)  
Re: United Klans of America, Inc.

1 - Mrs. Randolph (Sent Direct)

JMP  
(5)  
67-455043

Based on Moore-Sullivan memo 12/19/69 and addenda Domestic Intelligence Division 12/19/69 and 12/22/69 and Administrative Division 12/30/69 re Recommendations for Incentive Awards and Letters of Commendation For Special Agent Personnel of the Charlotte Division.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

REC-14

December 19, 1969

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

You were responsible for a communication prepared under date of December 16, 1969, which was found to contain an error. It is apparent that you were careless in this instance by failing to insure that this correspondence was accurate in its entirety.

In the performance of your assignment hereafter, you will be expected to give more attention to detail so there will be no recurrence of a dereliction of this nature.

Very truly yours,

J. Edgar Hoover

MAILED 4  
DEC 19 1969  
COMM-FBI

John Edgar Hoover  
Director

- 1 - Mr. Sullivan (Personal Attention)
- 1 - Movement
- 1 - Domestic Intelligence Division Personnel File

FW:gms  
(6)

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Based on memo Moore to Sullivan, 12-17-69, GCM:mjt.

1 DEC 29 1969

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. W. C. SULLIVAN

DATE: January 21, 1970

FROM : MR. G. C. MOORE

SUBJECT: RECOMMENDATION FOR INCENTIVE AWARD

Mr. Tolson \_\_\_\_\_  
Mr. DeLoach \_\_\_\_\_  
Mr. Walters \_\_\_\_\_  
Mr. Mohr \_\_\_\_\_  
Mr. Bishop \_\_\_\_\_  
Mr. Casper \_\_\_\_\_  
Mr. Callahan \_\_\_\_\_  
Mr. Conrad \_\_\_\_\_  
Mr. Felt \_\_\_\_\_  
Mr. Gale \_\_\_\_\_  
Mr. Rosen \_\_\_\_\_  
Mr. Sullivan \_\_\_\_\_  
Mr. Tavel \_\_\_\_\_  
Mr. Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Miss Holmes \_\_\_\_\_  
Miss Gandy \_\_\_\_\_

Name of Employee <b>JOSEPH G. DEEGAN</b>	Where Assigned <b>Domestic Intelligence Division - Racial Intelligence Section</b>	Social # <b>090-12-2131</b>
Position, Grade and Salary <b>SPECIAL AGENT (Supervisor-in-Charge, Racial Informant, Klan, and White Hate Unit) - Grade GS-15 \$22,309</b>		EOD Date <b>1-29-51</b>

BASIS for this recommendation is as follows: (Check one or more as facts justify.)

- ☒ 1. Sustained above-average performance for such period of time as would be reasonable under the circumstances, that merits recognition. (Point out specifically how performance is considered superior. Use examples and illustrations wherever possible. In addition to results attained advise what employee has done to achieve outstanding results.)
- ☐ 2. Exemplary performance of assigned tasks whereby previously unattained records of production are achieved. (Set forth production record with appropriate comparisons.)
- ☐ 3. Exemplary or courageous handling of an emergency situation in connection with or related to official employment. (Describe in detail, listing specific risks or dangers involved and results achieved.)
- ☐ 4. Ideas which have resulted in improved operations. (Summarize ideas and specific improvements therefrom. Set forth first year's net savings, if any, and how computed.)
- ☐ 5. Performance which has involved the overcoming of unusual difficulties. (List specific obstacles, problems, hardships, sacrifices, etc., as well as unusual investigative techniques utilized with results achieved, setting forth precisely how employee overcame obstacles, etc.)
- ☐ 6. Creative efforts, including inventions or techniques, which have increased efficiency, or improved the service. (Describe in detail, listing benefits and/or savings resulting.)

JUSTIFICATION: (Set forth below, and attach supplemental page(s) as necessary, a clear, concise report of employee's performance in justification of award. Be specific and omit generalities. Give facts, not conclusions. Not only advise what was accomplished but how it was accomplished, placing emphasis on performance. Remember that these justifications must be adequate. They may be subject to post-audit outside the Bureau but do not withhold information for security reasons since neither this form nor any confidential information will be made available outside the Bureau for such post-audits.)

Since having been promoted to Grade GS-15 on 9/8/68, Special Agent Deegan's performance has been superior over this extended period of time to such an extent as to warrant recognition in the form of an incentive award.

GCM:mjt (7)

1 - Mr. DeLoach  
1 - Mr. Mohr  
1 - Mr. W. C. Sullivan

1 - Mr. N. P. Callahan  
1 - Mr. Casper  
1 - Mr. G. C. Moore

67-455043-200  
Numbered - 38  
7 FEB 4 1970

Enclosure See Addendum Administrative Division CONTINUED-OVER  
Page 3.

Memorandum from G. C. Moore to Mr. Sullivan  
RE: RECOMMENDATION FOR INCENTIVE AWARD  
SA JOSEPH G. DEEGAN

As Supervisor-in-Charge of the Racial Informant, Klan, and White Hate Unit, Mr. Deegan has consistently exhibited outstanding imagination, enthusiasm and intelligence which has resulted in a racial informant development program which daily is producing racial intelligence of the highest quality through a network of live informants many of which are putting their lives on the line in penetrating violence-prone extremist organizations...

It has been primarily through Mr. Deegan's planning and foresight that we have a ghetto informant program whereby the Bureau is able to keep the White House and the Attorney General fully informed as to the potential for violence throughout the country.

It was primarily through the planning and efforts of Mr. Deegan that police instructors from all of our continental field offices were provided with material and training in a series of 2-day conferences in early 1969 which, in turn, permitted them to conduct training sessions in police schools on white and black racial extremism. The response from the police was overwhelmingly complimentary to the Bureau. Material presented before the schools as well as before annual law enforcement conferences on extremism (which were outstanding in every aspect) has been kept fresh and timely because of follow through devised by Mr. Deegan whereby periodic letters containing racial highlights are furnished to all offices on a regular basis.

At the present time the Racial Intelligence Section is conducting another series of field informant conferences designed to bolster our racial informant program. These conferences have been planned and are being conducted under the leadership of Mr. Deegan. Attendees to date to a man have commented upon the exemplary and outstanding planning which has gone into these conferences. Mr. Deegan is primarily responsible for this.

Memorandum from G. C. Moore to Mr. Sullivan  
RE: RECOMMENDATION FOR INCENTIVE AWARD  
SA JOSEPH G. DEEGAN

Mr. Deegan's superior performance is further documented through procedures initiated which not only very effectively pinpoint weaknesses of a particular office but provide for positive aggressive supervision which has developed informants who not only are providing criminal intelligence but solving Bureau cases in all areas of our criminal jurisdiction in addition to savings in fines, savings and recoveries of thousands of dollars.

The Bureau's success to date in carrying out our responsibilities in the racial field can be directly traced to the efforts of Mr. Deegan in supervising all aspects of his racial informant program.

ADDENDUM ADMINISTRATIVE DIVISION LDH:slz 1-23-70

Based on foregoing, incentive award warranted for SA Deegan.

He EOD 1-29-51, is in GS-15, \$22,309. Services past three years satisfactory with one censure for correspondence error (12-19-69). Commended nine times, five of which through superiors and two incentive awards, the last 6-11-68. Rated Excellent last annual performance report, completely available, overtime satisfactory.

RECOMMENDATION:

That SA Joseph G. Deegan be granted incentive award of \$300 for sustained above-average performance.

PERMANENT BRIEF ATTACHED.

(2-2-70) -3-  
Appropriate letter attached for SA Joseph G. Deegan.

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. W. C. Sullivan

DATE: January 12, 1970

FROM : G. C. Moore

1 - Mr. Sullivan  
1 - Mr. G. C. Moore  
1 - Mr. Rushing

SUBJECT: RACIAL INTELLIGENCE SECTION  
ASSIGNMENT OF WORK

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
H. \_\_\_\_\_  
Gandy \_\_\_\_\_

Under the reorganization of the Division, this Section has assumed responsibility for the supervision of the Minutemen, the organization as well as individuals affiliated therewith. The supervision of such will be the responsibility of the Racial Informant, Klan, and White Hate Unit. The organization as such is assigned to SA Hunter E. Helgeson as of today.

Assignments for the supervision of individual cases are as follows:

b6

Office	Agent	Office	Agent	Office	Agent
Albany		Indianapolis		Oklahoma City	Helgeson
Albuquerque		Jackson	Walsh	Omaha	Helgeson
Alexandria	Neumann	Jacksonville	Neumann	Philadelphia	
Atlanta	Walsh	Kansas City	Helgeson	Phoenix	Helgeson
Baltimore	Walsh	Knoxville	Neumann	Pittsburgh	
Birmingham	Walsh	Las Vegas	Helgeson	Portland	Helgeson
Boston		Little Rock	Neumann	Richmond	Neumann
Buffalo		Los Angeles	Helgeson	Sacramento	
Butte	Deegan	Louisville	Neumann	St. Louis	
Charlotte	Neumann	Memphis	Walsh	Salt Lake City	Deegan
Chicago		Miami	Walsh	San Antonio	Deegan
Cincinnati	Deegan	Milwaukee	Helgeson	San Diego	Helgeson
Cleveland	Deegan	Minneapolis		San Francisco	Helgeson
Columbia	Neumann	Mobile	Walsh	Savannah	Neumann
Dallas	Deegan	Newark		Seattle	Helgeson
Denver		New Haven		Springfield	
Detroit		New Orleans	Neumann	Tampa	Neumann
El Paso	Deegan	New York		Washington Field	
Houston	Neumann	Norfolk	Neumann		

① - Personnel File (SA Joseph G. Deegan)  
1 - 39 " (SA Hunter E. Helgeson)  
1 - 39 " (SA [redacted])  
NOT RECORDED (SA William D. Neumann)  
10 JAN 14 1970 (SA John V. Walsh)

TDR:bjr (9)

Memorandum G. C. Moore to W. C. Sullivan  
RE: RACIAL INTELLIGENCE SECTION  
ASSIGNMENT OF WORK

ACTION:

For information.

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH G. DEEGANWhere Assigned: DOMESTIC INTELLIGENCE RACIAL INTELLIGENCE SECTION  
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT - GS-15Rating Period: from APRIL 1, 1969 to MARCH 31, 1970ADJECTIVE RATING: EXCELLENT  
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's  
InitialsJSD

Rated by:

George C. Moore  
SignatureSection Chief  
Title4-14-70  
Date

Reviewed by:

William J. Sullivan  
SignatureAssistant Director  
Title4-15-70  
Date

Rating Approved by:

W. J. Sullivan  
SignatureAssistant Director  
TitleAPR 27 1970  
Date

## TYPE OF REPORT

☒ Official  
☒ Annual☐ Administrative  
☐ 60-Day☒ 90-Day☐ Transfer☐ Separation from Service☐ Special

REC-133

67-455043-201  
6 MAY 31 1970

8 MAY 26 1970

3-1/2



# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL (For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH G. DEEGAN

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise

(Use INK for Checklist - DO NOT TYPE)

## CHECKLIST AND NARRATIVE COMMENTS

- + 1. Personal appearance.  
+ 2. Personality and effectiveness of his personal contacts.  
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).  
+ 4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)

There are no limitations affecting Mr. Deegan's availability or his performance. His sick leave record is excellent. He has not used more sick leave than earned during the rating period.

- + 5. Resourcefulness, ingenuity, and initiative.  
+ 6. Forcefulness and aggressiveness as required.  
+ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  
+ 8. Planning of work.  
E 9. Accuracy and attention to pertinent detail.  
+ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.  
+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know-how" of application.  
+ 12. Investigative results (rate applicable cases) + A. Internal Security; 0 B. Criminal or General Investigative;  
0 C. Fugitive; 0 D. Applicant; 0 E. Accounting.  
 Complexity of investigative matters handled: ☐ None ☐ Moderate ☒ Most complicated.  
 Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None  
 COMMENT on type of work handled entire rating period and appraisal of overall work performance:

Mr. Deegan continued to serve in the Racial Intelligence Section as Supervisor in Charge of a Unit which has responsibility of developing all racial informants and the investigation of the Klan, Minutemen, and white hate groups. Under his outstanding leadership personnel of his Unit have done much to lead the field in developing some extremely sensitive sources in a most delicate and dangerous area of operations. Mr. Deegan, with only a bare minimum of supervision, handles complicated and complex matters and does so with an abundance of common sense as well as good judgement. He works best under intense pressure and has an attitude which cannot be surpassed. He is a team-man and very definitely is an asset to the Section in every respect.

- A. Is employee available for general assignment Yes; special assignment Yes; wherever needs of service require?  
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.  
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant, squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Supervisor in Charge, Racial Informant, Klan, and White Hate Unit  
 ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS JD  
 (Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- E 13. Firearms  
+ 14. Development of informants and sources of information. COMMENT on participation in this program.

As Supervisor in Charge of the Racial Informant Unit of the Section, Mr. Deegan has done outstanding work in devising procedures and programs which have produced considerable results in the informant field.

- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

0 A. Investigative reports; 0 B. Summary reports; E C. Memos, letters, wires

- E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

- + 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)

+ A. Leadership + F. Devising procedures  
+ B. Ability to handle personnel + G. Promoting high morale  
+ C. Making decisions + H. Getting results  
+ D. Assignment of work + I. Furthering equal employment opportunity.  
+ E. Training subordinates

- N.A. 18. Raids and dangerous assignments;     A. As leader;     B. As participant

- E 19. Miscellaneous. Specify and rate:  
E Dictation;     Applicant recruitment;     Other

- N.A. 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

- N.A. 21. Foreign Language Ability: Proficient in     language(s).  
Can handle typical investigative problems as follows:

A. Conversation form     (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form     (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency     language ability used during rating period    .  
Anticipated use during ensuing year    .

22. Administrative Advancement: ☐ (Check block if not interested.)

A. ☒ Yes ☐ No Agent is completely available for administrative advancement.

B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☒ Outstanding  
EXPLAIN if interested but not now qualified.

23. Number of Incentive Awards 1 Commendations 2 received from Director. Suggestions submitted 0.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☐ None (List items taken into consideration on Checklist.)

Mr. Deegan was censured by letter 12/19/69 for an error in correspondence. This has been taken into consideration in item 9 of the rating guide and check list.

REC-149

February 2, 1970

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I am pleased to commend you for the outstanding manner in which you have carried out your various responsibilities in the Domestic Intelligence Division and to advise that I have approved an incentive award of \$300.00 for you. Representing this award is the enclosed check.

Your exemplary leadership, planning ability and dedication to your work are indeed worthy of praise and I want you to know of my deep appreciation for your admirable efforts.

Sincerely yours,

J. Edgar Hoover

Enclosure

1 - Mr. Sullivan (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Mrs. Randolph (Sent Direct)

BLG (5) 67-455043 Award #785-70  
Based on memo Moore - Sullivan 1-21-70 and addendum  
Administrative Division 1-23-70 re SA Joseph G. Deegan,  
Recommendation For Incentive Award.

MAILED 21  
FEB 2 - 1970  
COMM-FBI

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

FEB 11 1970

MAIL ROOM ☐ TELETYPE UNIT ☐

REPORT OF MEDICAL EXAMINATION

FRI

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN, JOSEPH, G</b>			2. GRADE AND COMPONENT OR POSITION <b>S.A.</b>		3. IDENTIFICATION NO. <b>9-97-24</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION <b>annual</b>		6. DATE OF EXAMINATION <b>7-28-70</b>	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>2-10-25</b>		13. PLACE OF BIRTH <b>N.Y.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>N.N.M.C.</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS: SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality variation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

RESULTS  
17.6 HGB GMS 100ML  
52 HCT %  
12.8 WBC  $\times 10^3$   
62 NEUT %  
2 BAKS %  
33 LYMPH %  
2 EOS %  
1 BASO %  
1 MONOS %  
PLATELET  $\times 10^3$

RESULTS  
14 NA-H  
4.4 K-H  
105 CL  
26 CO  
2 TP  
4.3 ALB  
9.5 CA+H  
14 ALK. PHOS  
13 BUN  
115 GLU  
45 SGOT  
207 CHOL

4-Aug-70  
RESULTS  
17.8 HGB GMS 100ML  
51 HCT %  
12.0 WBC  $\times 10^3$   
63 NEUT %  
3 BAND %  
31 LYMPH %  
2 EOS %  
1 BASO %  
1 MONOS %  
PLATELET  $\times 10^3$

4-Aug-70  
2 HR PP 80  
REC-134  
GLUCOSE 100  
SGOT 38  
19 T-BIL  
67-455043-202  
Searched  
Numbered  
AUG 31 1970  
(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																			
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures			
RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT																			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES.  
Type II  
Class 7  
NCD

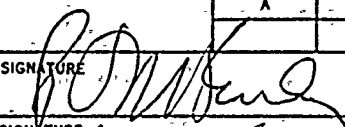

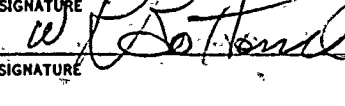

45. URINALYSIS: A. SPECIFIC GRAVITY 1.019				46. CHEST X-RAY (Date, film number and result) 2-2869-70 2-1607-NEG			
B. ALBUMIN NEG				D. MICROSCOPIC ESS-NEG			
C. SUGAR NEG				47. SEROLOGY (Specify test used and result) NEG			
48. EKG NORMAL N.S.C.S				49. BLOOD TYPE AND RH FACTOR			
50. OTHER TESTS							

SEP 2 1970  
4-Aug-69

COPIES MADE FOR OWC  
11/17/68  
Goype  
88-116

1420

MEASUREMENTS AND OTHER FINDINGS																																						
51. HEIGHT 73"		52. WEIGHT 165		53. COLOR HAIR BROWN		54. COLOR EYES HAZEL		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE																												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																
A. SITTING SYS. 136 DIAS. 84		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 76		B. AFTER EXERCISE		C. 2 MIN. AFTER																												
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																																		
RIGHT 20/ 25 CORR. TO 20/20 PH.		BY S. CX		71 CORR. TO BY																																		
LEFT 20/ 20 CORR. TO 20/		BY S. CX		72 CORR. TO 72 BY PH																																		
62. HETEROPHORIA (Specify distance)																																						
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT.																												
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																														
RIGHT LEFT		Farnsworth - 99						CORRECTED																														
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION																														
D.U. Normal								OP 15.9 05 14-6 85 gmt.																														
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																														
RIGHT WV 15 /15 SV 15 /15		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250 150</td> <td>500 218</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>LEFT</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							250 150	500 218	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT									LEFT												
	250 150	500 218	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																														
RIGHT																																						
LEFT																																						
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																						
(Use additional sheets if necessary)																																						
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																																						

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE																	
						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						P	U	L	H	E	S						
P	U	L	H	E	S																		
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>A</td><td>B</td><td>C</td><td>E</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>						A	B	C	E								
A	B	C	E																				
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																	
																							
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																	
LDR T. D. MCKINNON MC USNR																							
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE																	
FCDE R. R. EKLUND, DC, USN																							
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE																	
																							
						NUMBER OF ATTACHED SHEETS																	
						2																	

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee DEEGAN, JOSEPH G.  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-455043-202

### Desirable Weight Ranges for Males

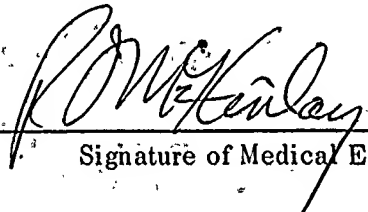
Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1" ✓	152 - 163	158 - 176	169 - 190 ✓
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Medical Examiner

7-28-78  
 \_\_\_\_\_  
 Date

Mr. G. C. Moore

7/1/70

J. G. Deegan

1 - Mr. G. C. Moore  
1 - Mr. J. G. Deegan

ASSIGNMENT OF WORK  
RACIAL INFORMANT KLAN AND  
WHITE HATE GROUP UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

Analyses have been made of the current work load in the above unit and in line with our streamlining procedure the following assignments have been made effective July 1, 1970.

Deegan Racial informants in the following field divisions:

Albuquerque	Las Vegas
Butte	Louisville
Cincinnati	Memphis
Cleveland	Miami
Dallas	Minneapolis
Denver	Oklahoma City
El Paso	Salt Lake City
Knoxville	San Antonio

Analyses of tabulation Status Reports, Racial Informants Extremist Groups (White-Black), all field offices  
Counterintelligence - White hate and Klan groups  
Assists on Klan and white hate specials  
Lectures on Racial Informants for New Agents and In-Service  
Coordinating lecture schedules  
Coordinates SAC Visit and Inspection write ups  
Coordinates Inlet and Cinal write ups and Highlights Letter  
Approval of outgoing signature mail

JGD:rmn (8)

1 - Personnel File - SA Joseph G. Deegan  
1 - Personnel File - SA Hunter E. Helgeson  
1 - Personnel File - SA [REDACTED]  
1 - Personnel File - SA William D. Neumann  
1 - Personnel File - SA John V. Walsh

b6



Memorandum to Mr. G. C. Moore  
RE: ASSIGNMENT OF WORK  
RACIAL INFORMANT KLAN AND  
WHITE HATE GROUP UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

Neumann Racial informants in the following field divisions:

Alexandria	New York City
Atlanta	Norfolk
Charlotte	Omaha
Jacksonville	Richmond
Kansas City	Sacramento
Las Vegas	St. Louis
Los Angeles	Savannah
Miami	Seattle
Newark	Springfield
New Orleans	Tampa

Administrative Reviews for the above offices  
Lectures - New Agents and In-Service  
SAC Visit and Inspection write ups for above field  
divisions

Racial informants in the following field divisions:

b6

Albany	Little Rock
Baltimore	Mobile
Birmingham	New Haven
Boston	Philadelphia
Chicago	Phoenix
Columbia	Pittsburgh
Detroit	Portland
Houston	San Diego
Indianapolis	San Francisco
Jackson	WFO

Administrative Reviews for above field divisions  
SAC Visit and Inspection Write ups for above field  
divisions  
Lectures - Racial Informants - New Agents and In-Service

Memorandum to Mr. G. C. Moore  
RE: ASSIGNMENT OF WORK  
RACIAL INFORMANT KLAN AND  
WHITE HATE GROUP UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

Walsh All Klan and white hate organizations and  
individual cases  
Lectures - New Agents and In-Service regarding  
Klan and white hate groups  
SAC Visit and Inspection write ups regarding  
Klan and white hate groups

Helgeson Black extremist investigations in the following  
field divisions:

Tampa	Savannah
Jacksonville	Columbia
Miami	Charlotte

Counterintelligence - Black extremist groups in  
the above field divisions  
SAC Visit and Inspection write ups regarding black  
extremist matters in the above field divisions

Mr. W. C. Sullivan

5/12/70

G. C. Moore

1 - Mr. Sullivan  
1 - Mr. G. C. Moore  
1 - Mr. Rushing

**RACIAL INTELLIGENCE SECTION  
ASSIGNMENT OF WORK**

Because of the heavy influx of work in the Black Nationalist Unit - East, the responsibility for the supervision of black extremist organizations and individuals in certain offices is being assigned to the Racial Informant, Klan, and White Hate Unit on a temporary basis.

The following assignments within this Unit are being made as of today.

Special Agent (SA) William D. Neumann will be responsible for the supervision of these investigations in the Tampa and Miami Offices.

SA Hunter E. Helgeson will assume responsibility of the Jacksonville, Columbia, and Charlotte Offices.

SA Joseph G. Deegan will assume responsibility for the Savannah Office.

**ACTION:**

For information.

TDR:bjr  
(7)

- 1 - Personnel File (SA Joseph G. Deegan)
- 1 - Personnel File (SA Hunter E. Helgeson)
- 1 - Personnel File (SA William D. Neumann)

RECORDED  
7 MAY 14 1970

November 9, 1970

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I am especially pleased to commend you for your proficient efforts relative to the racial conference held here recently by the Domestic Intelligence Division.

Many favorable remarks were received concerning this conference by those attending and I know that you were instrumental in bringing about such splendid results. I want to thank you for your admirable performance in this regard.

Sincerely yours,  
J. Edgar Hoover

1 - Mr. C. D. Brennan (Personal Attention)

1 - Mrs. Randolph (Sent Direct)

BLG (5) 67-455043

Based on memo Moore-Brennan 11/4/70 and addendum 11/5/70 re Racial Conference, October 22-23, 1970; Recommendation For Commendation.

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

NOV 20 1970

26

1 NOV 18 1970

1 - Mr. Sullivan  
1 - Mr. Mohr  
1 - Mr. Callahan

Mr. C. D. Brennan

11/4/70

Mr. G. C. Moore

1 - Mr. C. D. Brennan  
1 - Mr. G. C. Moore

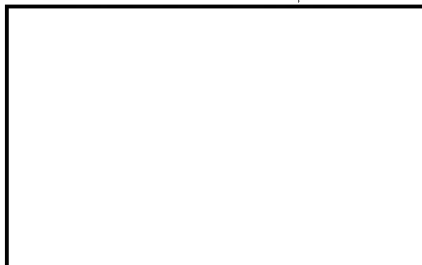
RACIAL CONFERENCE  
OCTOBER 22-23, 1970  
(RECOMMENDATION FOR COMMENDATION)

Purpose of this memorandum is to recommend individual letters of commendation for Special Agents (SAs) Joseph G. Deegan and Arthur B. Fulton as well as a group letter of commendation for clerical personnel in the Racial Intelligence Section all of whom performed superior services in connection with captioned racial conference.

On 10/22-23/70 a racial conference was held by the Domestic Intelligence Division here at the Seat of Government which was attended by racial supervisors from 39 field offices as well as the Legal Attaches from Ottawa and Mexico City. The conference was most productive as evidenced by the large number of solid recommendations submitted by separate memoranda and also as indicated by the enthusiasm displayed by conference attendees. It is expected that the success of the conference will be further demonstrated by the substantial increase in the caliber of our racial informant development program and racial investigations during the coming months.

The success of this conference is primarily attributable to the outstanding work in its planning and preparation by SAs Deegan and Fulton. Deegan, who handles racial informants, and Fulton, who is in charge of the Black Panther Party, exercised

- 1 - Personnel File of Joseph G. Deegan
- 1 - Personnel File of Arthur B. Fulton
- 1 - Personnel File of
- 1 - Personnel File of
- 1 - Personnel File of
- 1 - Personnel File of
- 1 - Personnel File of
- 1 - Personnel File of
- 1 - Personnel File of
- 1 - Personnel File of



b6

67-101 RECORDED  
(16) 8 NOV 10 1970

48

CONTINUED - OVER

Memorandum to Mr. C. D. Brennan  
Re: Racial Conference  
October 22-23, 1970  
(Recommendation for Commendation)

a considerable amount of ingenuity and imaginative planning for the conference. These supervisors were present during the entire two days of the conference and contributed materially to a smooth running, lively conference in which there was a free exchange of ideas and information.

In addition, each attendee was furnished a background notebook of approximately 100 pages which was assembled by the clerical staff of Supervisor Deegan's Unit. The clerical personnel of the Front Office likewise assisted in this operation in the same manner. In order to meet the deadline of the conference, these personnel willingly pitched in and conducted a considerable amount of work before the working day started and shortened their lunch hours. Their efforts in this regard are certainly worthy of commendation.

ACTION:

If you approve,

(1) Administrative Division will prepare individual letters of commendation for Supervisors Deegan and Fulton for the exemplary work performed with regard to this conference.

b6

(2) Recognition should be afforded to [redacted]

[redacted] and [redacted] in the form of a letter to Assistant Director C. D. Brennan, a copy of which will be placed in each of these employee's personnel file.

YELLOW

Memorandum for Mr. C. D. Brennan  
RE: RACIAL CONFERENCE  
OCTOBER 22-23, 1970  
(RECOMMENDATION FOR COMMENDATION)

ADDENDUM: (JAS:mls - 11/5/70)

I would also like to recommend that a letter of commendation be directed to Section Chief George C. Moore. He had overall responsibility for the supervision of, arranging for, and planning this conference and personally directed it. He contributed immeasurably to the success of the conference through his ability, interest, and enthusiasm.

UNITED STATES GOVERNMENT

## Memorandum

090-12-2131

TO : Director, FBI

DATE: 9/15/70

FROM : Joseph G. Deegan  
(Name of employee)

Attention: Movement Unit

Special Agent

(Title)

SUBJECT: OFFICES OF PREFERENCE

Please list my offices of preference as follows:

1. Seat of Government

3940

2. \_\_\_\_\_

3. \_\_\_\_\_

~~Boyd~~  
myo  
don

3/15/70

67-NOT RECORDED  
899 SEP 23 1970

SEP 21 1970



# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

DEEGAN JOSEPH G

SOCIAL SECURITY NUMBER

090-12-2131

## NOTIFICATION OF BASIC CHANGE

CODE-NATURE OF ACTION

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

892--QUALITY INCREASE

893--WITHIN GRADE INCREASE

894--PAY ADJUSTMENT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

896--ADMIN. PAY INCREASE

897--ADMIN. PAY DECREASE

OTHER (SPECIFY IN REMARKS)

EFFECTIVE DATE

9/ 6/70

DATE OF LAST EQUIV. INCR.

9/ 7/69

GRADE OR LEVEL

GS-15

STEP OR RATE

STEP 3

OLD SALARY

\$23,648.00

NEW SALARY

\$24,411.00

## DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

YES

3/ab

<input checked="" type="checkbox"/>
-------------------------------------

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

<input type="checkbox"/>
--------------------------

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
16 SEP 10 1970

*J. Edgar Hoover*

JOHN EDGAR HOOVER  
DIRECTOR

9/ 6/70  
(DATE)

PERSONNEL FILE COPY

Mr. G. C. Moore

8/5/70

J. G. Deegan

ASSIGNMENT OF WORK  
RACIAL INFORMANT KLAN AND  
WHITE HATE GROUP UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

Analyses have been made of the current work load in the above unit and in line with our streamlining procedure the following assignments have been made effective August 3, 1970.

Deegan Racial informants in the following field divisions:

Albuquerque  
Butte  
Cincinnati  
Cleveland  
Dallas  
Denver  
El Paso  
Knoxville

Las Vegas  
Louisville  
Memphis  
Milwaukee  
Minneapolis  
Oklahoma City  
Salt Lake City  
San Antonio

Analyses of tabulation Status Reports, Racial Informants Extremist Groups (White-Black), all field offices  
Counterintelligence - White hate and Klan groups  
Assists on Klan and white hate specials  
Lectures on Racial Informants for New Agents and In-Service  
Coordinates lecture schedules  
Coordinates SAC Visit and Inspection write ups  
Coordinates Inlet and Cinal write ups and Highlights Letter  
Approval of outgoing signature mail

JGD:rmn (6)

① - Personal File - SA Joseph G. Deegan  
1 - Personal File - SA Hunter E. Helgeson  
1 - Personal File - SA [REDACTED]  
1 - Personal File - SA James O. Ingram  
1 - Personal File - SA John V. Walsh

4 AUG 10 1970 76

CONTINUED - OVER

Memorandum to Mr. G. C. Moore  
RE: ASSIGNMENT OF WORK  
RACIAL INFORMANT KLAN AND  
WHITE HATE GROUP UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

Helgeson Racial informants in the following field divisions:

Alexandria	New York City
Atlanta	Norfolk
Buffalo	Omaha
Charlotte	Richmond
Jacksonville	Sacramento
Kansas City	St. Louis
Los Angeles	Savannah
Miami	Seattle
Newark	Springfield
New Orleans	Tampa

Administrative Reviews for the above offices  
Lectures - New Agents and In-Service  
SAC Visit and Inspection write ups for above field  
divisions

Racial informants in the following field divisions:

b6

Albany	Little Rock
Baltimore	Mobile
Birmingham	New Haven
Boston	Philadelphia
Chicago	Phoenix
Columbia	Pittsburgh
Detroit	Portland
Houston	San Diego
Indianapolis	San Francisco
Jackson	WFO

Administrative Reviews for above field divisions  
SAC Visit and Inspection Write ups for above field  
divisions  
Lectures - Racial Informants - New Agents and In-Service

Memorandum to Mr. G. C. Moore  
RE: ASSIGNMENT OF WORK  
RACIAL INFORMANT KLAN AND WHITE  
HATE GROUP UNIT  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

Walsh All Klan organizations and individual cases and  
white hate group individual cases  
Lectures - New Agents and In-Service regarding  
Klan and white hate groups  
SAC Visit and Inspection write ups regarding  
Klan groups

Ingram Black extremist investigations in the following  
field divisions:

Tampa	Savannah
Jacksonville	Columbia
Miami	Charlotte

White hate group organizations other than Klan  
Counterintelligence - Black extremist groups in  
the above field divisions  
SAC Visit and Inspection write ups regarding black extremist  
matters in the above field divisions and white hate  
groups other than Klan

January 29, 1971

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

Today is your Twentieth Anniversary in the Federal Bureau of Investigation and I want to extend my sincere congratulations. In recognition of this occasion may I present the Bureau's Twenty-Year Service Award Key.

Throughout this period of your service we have been faced at times with tasks which appeared overwhelming but through the efforts of our experienced personnel we successfully surmounted them. The many outstanding achievements of the Bureau are, to a very great degree, attributable directly to the efficiency, guidance, leadership and unwavering enthusiasm of associates such as you. I want you to know how much I have valued your loyalty and dedication.

I hope you will wear this Key with a feeling of pride and trust that the Bureau may be able to rely upon your talents for many years to come.

FORWARDED TO MR. C. D. BRENNAN'S OFFICE  
BY SPEC. MESSENGER 11:10 A.M. 1-28-71

REC-132

67-435 CH 2-209

7 JAN 29 1971

With best wishes and kind regards,

Sincerely,

RECEIVED MR. BRENNAN'S OFFICE 11:30 A.M. 1-28-71

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Enclosure

1 - Mr. C. D. Brennan (Personal Attention)

LDH:lgg

(4) 67-455043

FEB 2 1971

MAIL ROOM

TELETYPE UNIT

Mr. C. D. Brennan

12/17/70

G. C. Moore

1 - Mr. C. D. Brennan

1 - Mr. G. C. Moore

1 - Mr. Rushing

RACIAL INTELLIGENCE SECTION  
ASSIGNMENT OF WORK

In connection with the Domestic Intelligence Division reorganization, this Section transferred all Klan and white hate-type cases to the Internal Security Section; therefore, the unit formerly known as the Racial Informant, Klan and White Hate Unit is being renamed the "Black Nationalist - South and Racial Informant Unit." The following work assignments are being made effective today.

Supervisor in Charge Joseph G. Deegan will be responsible for the handling of matters dealing with racial informants in the following offices: Albuquerque, Butte, El Paso, Las Vegas, Oklahoma City, San Antonio, and Savannah.

Supervisor Hunter E. Helgeson will be responsible for racial informants in all offices except those listed above.

Supervisor [redacted] will be responsible for black extremist investigations, organizations and individuals in the following offices: Albuquerque, Dallas, El Paso, Houston, Jackson, Memphis, Mobile, New Orleans, and San Antonio.

Supervisor [redacted], transferred from the Black Nationalist Unit - West, will be responsible for the supervision of black extremist cases, organizations and individuals, in the following offices: Charlotte, Columbia, Jacksonville, Miami, Savannah, and Tampa.

b6

1 TDC b32 (90)

CONTINUED - OVER

1 - Personnel File (SA Joseph G. Deegan)

1 - Personnel File (SA [redacted])

1 - Personnel File (SA Hunter E. Helgeson)

1 - Personnel File (SA [redacted])

1 - Personnel File (SA [redacted])

Memorandum G. C. Moore to Mr. G. D. Brennan  
Re: Racial Intelligence Section  
Assignment of Work

SA [REDACTED], under transfer with  
expected date of arrival 1/4/71, will be responsible  
for the supervision of black extremist cases, organi-  
zations and individuals, in the following offices:  
Atlanta, Birmingham, Knoxville, Louisville, Norfolk,  
Phoenix, and Richmond.

b6

ACTION:

For information.

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. C. D. Brennan

FROM : G. C. Moore

SUBJECT: SA JOSEPH G. DEEGAN  
SUPERVISOR, GS-15  
EOD BU: 1-29-51  
RACIAL INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION

1 - Mr. W. C. Sullivan  
1 - Mr. J. P. Mohr  
1 - Mr. C. D. Brennan

DATE: 4-2-71

1 - Mr. N. P. Callahan  
1 - Mr. G. C. Moore

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

This is to advise that SA Joseph G. Deegan of the Racial Intelligence Section, Domestic Intelligence Division, was nominated for the office of President of the Bishop Dennis J. O'Connell High School Parents Teachers Organization.

SA Deegan advised that the above organization has not been involved in any controversial issues and it is not expected that in the future this organization will be involved in any controversial issues.

SA Deegan further advised that if this organization did become involved in any controversial issues he would immediately resign. He also advised that his holding down the above position will in no way interfere with his responsibilities as a Special Agent Supervisor in the Racial Intelligence Section.

## RECOMMENDATION:

In view of the above, I recommend that SA Deegan be allowed to assume the above position, if elected.

REC-147

67-455043-205	
Searched	Numbered
4 APR 1971	71

GCM:bad (6)

10 APR 13 1971  
138

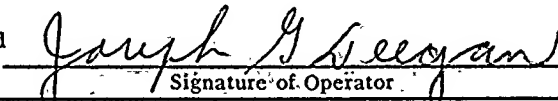
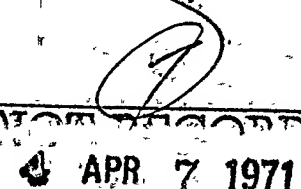
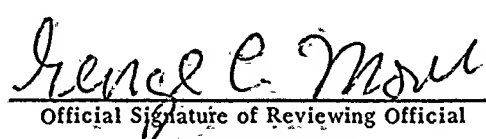
262



**TO: Director, FBI**

**FROM:**

## CERTIFICATION

Name of Operator (Print - Last, First, Middle Initial) <b>DEEGAN JOSEPH G</b>		Date <b>3-29-71</b>
Division and Section Assigned <b>DID, RACIAL INTELLIGENCE</b>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows:		
Permit Issued By: (State, Territory Possession, District) <b>VIRGINIA</b>	Permit Number <b>D05165-78301-631413</b>	Permit Expires <b>2-28-78</b>
This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
<input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately <u>30,000</u> miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.		
* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.		 Signature of Operator
The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:		
<input checked="" type="checkbox"/> Continuous safe driving record <input type="checkbox"/> Involved in traffic accident and found at fault**		
I certify that this employee is:		
<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business <input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business		
Remarks:		
<input type="checkbox"/> Issue <input checked="" type="checkbox"/> Renew Operator's Identification Card - SF-46		
 <b>APR 7 1971</b>		 Official Signature of Reviewing Official Title <u>Inspector</u> Date <u>4/1/71</u>
** "At fault" means any case in which the Bureau has taken disciplinary-administrative action against the employee. (Over for Operator's Road Test Sheet)		

# RESULTS OF ROAD TEST

Vehicle Used in Test				Local of Test	
Make	Body Type	Year	City	State	
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Date	Time	Examiner's Signature	
<b>Instructions to Examiner</b> Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error-listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.				<b>TEST SCORE</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>	Total Error Points  Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>PASSING GRADE: Total Score of 25 Points or Less</b> <b>FAILING GRADE: Total Score of 26 Points or More</b> <b>Note Results in Box at Right of Instruction Block</b>					
<b>Check List</b>					
<b>1. Checking Vehicle</b> Fails to: <input type="checkbox"/> — Adjust Rear-view Mirror <input type="checkbox"/> — Adjust Seat Properly <input type="checkbox"/> — Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> — Check Windshield Wipers <input type="checkbox"/> — Check Horn and All Lights			<b>2. Leaving Curb</b> Fails to: <input type="checkbox"/> — Look Back to Check Traffic <input type="checkbox"/> — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> — Wait for Approaching Traffic		
# of Points			# of Points		
<b>3. Turning</b> Fails to: <input type="checkbox"/> — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> — Turn Carefully From Proper Lane			<b>4. Backing</b> Fails to: <input type="checkbox"/> — Observe Surrounding Conditions <input type="checkbox"/> — Back Slowly and Smoothly and Avoid Excessive Curb Contact		
# of Points			# of Points		
<b>5. Controls</b> Fails to: <input type="checkbox"/> — Handle Vehicle Smoothly <input type="checkbox"/> — Keep Both Hands on Wheel <input type="checkbox"/> — Smoothly Engage Shifting Mechanism <input type="checkbox"/> — Use Brakes Properly			<b>6. Speed</b> <input type="checkbox"/> — Exceeds Limit <input type="checkbox"/> — Too Slow for Traffic Conditions <input type="checkbox"/> — Too Fast for Traffic Conditions		
# of Points			# of Points		
<b>7. Position on Roadway</b> <input type="checkbox"/> — Follows too Closely <input type="checkbox"/> — Fails to Hold Proper Lane <input type="checkbox"/> — Straddles Lane Markings			<b>8. Overtaking - Passing</b> <input type="checkbox"/> — Misjudges Speed of Oncoming Traffic <input type="checkbox"/> — Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> — Cuts in too Soon <input type="checkbox"/> — Fails to Signal (Hand, Light, Horn) When Conditions Warrant		
# of Points			# of Points		
<b>9. Parking</b> Fails to: <input type="checkbox"/> — Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input type="checkbox"/> — Set Hand Brake <input type="checkbox"/> — Cramp Wheels Where Necessary			<b>10. Railroad and School Zones</b> Fails to: <input type="checkbox"/> — Obey Signals and Caution Warnings <input type="checkbox"/> — Be Alert for Unusual Conditions		
# of Points			# of Points		
<b>11. Attention</b> Fails to: <input type="checkbox"/> — Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> — Keep Full Attention on Operation of Car <input type="checkbox"/> — Limit Talking to Minimum <input type="checkbox"/> — Observe Posted Signs or Signals			<b>12. General</b> <input type="checkbox"/> — Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> — Lack of Caution <input type="checkbox"/> — Timidity or Lack of Assurance Under Normal Driving Conditions		
# of Points			# of Points		
<b>Remarks:</b>					

UNITED STATES GOVERNMENT

# Memorandum

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brady, C. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : Mr. Mohr

DATE: April 9, 1971

FROM : N. P. Callahan

SUBJECT: JOSEPH G. DEEGAN  
Supervisory Special Agent  
Domestic Intelligence Division  
(Racial Intelligence Section)

EUGENE C. PETERSON  
Supervisory Special Agent  
Domestic Intelligence Division  
(Espionage Section)

## OUTSTANDING PERFORMANCE RATINGS

Purpose of this memorandum is to recommend captioned Agents for recognition for their superior work in the last year as indicated by the attached Outstanding performance reports. It is certified that these Agents have performed the most important functions of their positions in a manner which exceeds the normal requirement and that this exceptional level of effectiveness is expected to continue indefinitely. In addition to the foregoing, no administrative action was taken against these Agents during the rating year. They are completely available and overtime satisfactory. Details concerning the past year follow:

SA Deegan EOD 1-29-51, is in GS-15, \$25,867. Commended once.

SA Peterson EOD 8-13-51, is in GS-15, \$25,867. Commended once.

If approved, they will be entitled to cash awards of \$400 each.

### RECOMMENDATION:

That you, as Approving Official, sign attached ratings and that SAs Joseph G. Deegan and Eugene C. Peterson each be furnished his rating and each be granted a cash award of \$400.

Enclosures

LDH:maw  
(3)

ENCLOSURE  
HANDLED SEPARATELY

1 - Personnel File of SA Peterson

PERMANENT BRIEFS ATTACHED.

REC-146 67-455043-206  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
APR 16 1971

*Letter processed  
4-15-71 JAB:ama*

*MB  
3/2/71*

STANDARD FORM NO. 2803  
JULY 1964  
FPM SUPPLEMENT 831-1  
6 GAO 5000  
2803-105

## APPLICATION TO MAKE DEPOSIT OR REDEPOSIT

### CIVIL SERVICE RETIREMENT SYSTEM

TO AVOID DELAY IN PROCESSING: 1. Read carefully the information attached; 2. Typewrite or print in ink; 3. Complete Part A in full and have your employing agency complete Part B. If not Federally employed Part B need not be completed.

#### A. TO BE COMPLETED BY THE APPLICANT

1. (A) NAME MR. MRS. MISS  Deegan Joseph G.	2. LIST ALL OTHER NAMES YOU HAVE USED  No other	3. DATE OF BIRTH (Month, day, year)  February 10, 1925
1. (B) ADDRESS  7403 Fairwood Lane  (City, State, and ZIP Code)  Falls Church, Virginia 22046	4. (A) DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU, BRANCH, OR DIVISION  Federal Bureau of Investigation	
	4. (B) LOCATION OF EMPLOYMENT (City and State)  Washington, D. C.	4. (C) TITLE OF LAST POSITION  Special Agent

5. LIST BELOW IN CHRONOLOGICAL ORDER: (A) ALL "DEPOSIT" PERIODS OF SERVICE FROM AUGUST 1, 1920, DURING WHICH NO CIVIL SERVICE RETIREMENT DEDUCTIONS WERE WITHHELD FROM YOUR SALARY; AND (B) ALL "REDEPOSIT" SERVICE DURING WHICH RETIREMENT DEDUCTIONS WERE WITHHELD AND LATER REFUNDED TO YOU.

DEPARTMENT OR AGENCY, INCLUDING BUREAU, BRANCH, OR DIVISION WHERE EMPLOYED	LOCATION OF EMPLOYMENT (City and State)	TITLE OF POSITION	PERIODS OF SERVICE		CHECK WHETHER DEDUCTIONS WERE NOT WITHHELD OR WERE WITHHELD AND REFUNDED	
			BEGINNING DATE	ENDING DATE	NOT WITHHELD	WITHHELD AND REFUNDED
U.S. Post Office	New York, New York	part-time clerk	10-18-48	10-2-50	x	

6. IF BOTH DEPOSIT AND REDEPOSIT PERIODS ARE LISTED ABOVE, CHECK ONE OF THE BOXES BELOW:

- ☐ I WISH TO PAY THE TOTAL AMOUNT OF THE DEPOSIT AND REDEPOSIT.  
☐ I WISH TO PAY THE REDEPOSIT ONLY.

7. (A) ARE DEDUCTIONS FOR CIVIL SERVICE RETIREMENT NOW BEING WITHHELD FROM YOUR SALARY?

☒ YES ☐ NO

7. (B) IF YOUR ANSWER IS "NO" GIVE THE DATE OF SEPARATION FROM YOUR LAST POSITION UNDER THE CIVIL SERVICE RETIREMENT ACT.

DATE OF SEPARATION

I hereby certify that all statements in this application are true to the best of my knowledge and belief and that I intend to make full payment or begin installment payments of the amount due.

4-13-71

(DATE)

Joseph A. Deegan  
(SIGNATURE OF APPLICANT)

Original Sent to CSC 4-13-71

APR 16 1971

B. TO BE COMPLETED BY THE EMPLOYING AGENCY

**INSTRUCTIONS TO THE AGENCY.**—This application is not to be used as a means for verifying service for leave, retention, or other non-retirement purposes. The procedures for verifying service for non-retirement purposes or to establish creditability of service are contained in the Federal Personnel Manual.

The applicant should be informed that he must be prepared to pay the amount of the deposit or redeposit (or both) either in a lump sum or installments.

**SCHEDULE 1.**—From the Individual Retirement Record (S. F. 2806) enter in this schedule the period(s) of service for which retirement deductions remain to the employee's credit. Include any service since August 1, 1920, in other branches of your agency or in other agencies if such service is of record on S. F. 2806 in your possession. If it is more convenient than completing this schedule, a photo copy of the S. F. 2806 may be attached.

[illegible]

**SCHEDULE 2.**—List in this schedule all service since August 1, 1920 (beginning with first period of service shown by the applicant in Item 5 of Part A) for which deductions were not withheld and for which an official record is in the agency. An official record includes S. F. 2806, official personnel folder, pay card, or any other official document which shows that the individual was employed. Note under "Remarks" any periods of leave without pay, the time actually worked if the employee was paid on a when-actually-employed or part-time basis, or any other similar information which would affect the amount of deductions owed to the retirement fund. Any non-deduction service which cannot be verified from official records should be listed and noted in the "Remarks" column as "Unverified."

[illegible]

**CERTIFICATION.**—The entries in schedules 1 and 2 are based on official records of this agency and are correct. There is no official personnel or fiscal record in this agency of the additional service (if any) alleged by the employee and marked "Unverified" in Schedule 2.

Maurice F. Row Authorized Certifying Officer 4-14-71  
Maurice F. Row (SIGNATURE) (OFFICIAL TITLE) (DATE)

Federal Bureau of Investigation  
Washington, D. C. 20535

Mr. Tolson	_____
Mr. Sullivan	_____
Mr. Mohr	_____
Mr. Bishop	_____
Mr. Brennan CD	_____
Mr. Callahan	_____
Mr. Casper	_____
Mr. Conrad	_____
Mr. Dalbey	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Tavel	_____
Mr. Walters	_____
Mr. Soyars	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

April 19, 1971

Mr. John Edgar Hoover  
 Director  
 Federal Bureau of Investigation  
 Washington, D. C.

Dear Mr. Hoover:

Your letter of April 15, 1971, was a very pleasant surprise. I sincerely wish to thank you for your kind remarks and the \$400 incentive award.

You may be assured that I will continue to perform my duties in the FBI to the best of my abilities and I fully support your leadership.

I wish you the best in the future.

Sincerely,

*Joseph G. Deegan*  
 Joseph G. Deegan

REC-146

67-455043-207
Searched
7 APR 20 1971 69

4 APR 26 1971

139

*3A*

April 15, 1971

PERSONAL

REC-146

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

It is indeed a pleasure to advise you that your splendid services from April 1, 1970, to March 31, 1971, have earned you an Outstanding performance rating and I have enclosed a copy of this rating for your retention.

In special recognition of your dedicated performance, I have approved an incentive award for you in the amount of \$400.00 and the check representing this award is enclosed. I do not want the occasion to pass without expressing my appreciation for the exceptional manner in which you have successfully discharged your assignments.

MAILED 24

APR 15 1971

FBI

Sincerely yours,

J. Edgar Hoover

Enclosures (2)

1 - Mr. C. D. Brennan (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Mrs. Randolph (Sent Direct)

JAB:sma (5) 67-455043 Award #1552-71  
Based on Callahan-Mohr memo dated 4/9/71, LDH:maw.

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

APR 21 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH G. DEEGANWhere Assigned: Domestic Intelligence Racial Black Nationalist-  
(Division) (Section, Unit) South & Racial  
Informant UnitOfficial Position Title and Grade: Special Agent, GS-15Rating Period: from April 1, 1970 to March 31, 1971ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's  
Initials

Rated by:

Gene P. More  
(Signature)Section Chief  
Title4/1/71  
Date

Reviewed by:

Charles D. Gorman  
(Signature)Assistant Director  
Title4/1/71  
Date

Rating Approved by:

J. P. MOHR  
(Signature)Assistant to  
the Director  
Title4/1/71  
Date

REC-145

67-2155143-208

Numbered

TYPE OF REPORT

1 MAY 3 1971

☒ Official  
☒ Annual☒ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

6 MAY 10 1971 67



**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL  
CHECKLIST AND NARRATIVE COMMENTS**  
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH G. DEEGAN

**Note:** Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

**RATE ITEMS AS FOLLOWS:** (See Manual of Rules and Regulations for detailed instructions.)  
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.  
+ 2. Personality and effectiveness of his personal contacts.  
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).  
+ 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

There are no limitations on Mr. Deegan's availability and no physical limitations affecting his performance. He has not used more sick leave than earned during the rating period.

- + 5. Resourcefulness, ingenuity, and initiative.  
+ 6. Forcefulness and aggressiveness as required.  
+ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  
+ 8. Planning of work.  
+ 9. Accuracy and attention to pertinent detail.  
+ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.  
+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  
+ 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting; + F. Other, such as Supervisor.  
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

Mr. Deegan continued to serve in the Racial Intelligence Section as Supervisor in Charge of the Unit which has responsibility of developing racial informants in the extremist field during the entire rating period. In addition, he has supervised for part of this period investigations of the Klan and other white-hate groups as well as black extremist cases. With only an absolute minimum of supervision, he handles the most complicated and complex cases within the Section. He works best under pressure and has an attitude toward his work which cannot be surpassed.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneA. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ NoB. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, accountant, or as Resident Agent, supervisor, instructor, etc.): Supervisor in Charge, Black Nationalist-South and Racial Informant Unit

ADJECTIVE RATING: OUTSTANDING

EMPLOYEE'S INITIALS \_\_\_\_\_

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- + 13. Firearms.
- + 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.  
During rating period developed 0 informants; 0 potential informants.

Mr. Deegan's Unit is responsible for the overall supervision of racial informants throughout the field. His supervision in this regard has been outstanding.

- + 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)  
0 A. Reports; + B. Memos, letters, wires.
- + 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- + 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
- |   |   |
|---|---|
| <u>+</u> A. Leadership                  | <u>+</u> F. Devising procedures                     |
| <u>+</u> B. Ability to handle personnel | <u>+</u> G. Promoting high morale                   |
| <u>+</u> C. Making decisions            | <u>+</u> H. Getting results                         |
| <u>+</u> D. Assignment of work          | <u>+</u> I. Furthering equal employment opportunity |
| <u>+</u> E. Training subordinates       |   |

- NA 18. Raids and dangerous assignments; + A. As leader; + B. As participant.

- + 19. Miscellaneous. Specify and rate:

+ Dictation; 0 Applicant recruitment; 0 Other \_\_\_\_\_

- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in NA language(s).  
Can handle typical investigative problems as follows:

A. Conversation form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency \_\_\_\_\_ language ability used during rating period \_\_\_\_\_.

Anticipated use during ensuing year \_\_\_\_\_.

22. Administrative Advancement: ☐ (Check block if not interested.)

A. ☒ Yes ☐ No Agent is completely available for administrative advancement.

B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☒ Outstanding  
Explain if interested but not now qualified.

23. Number of Incentive Awards 0.

Commendations received from Director: Individual 1 Through Superior 0.

Suggestions submitted 0.

If none, check block ☐.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None  
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS \_\_\_\_\_

SA JOSEPH G. DEEGAN  
GRADE GS-15

Mr. Deegan makes an outstanding personal appearance. He has a friendly, congenial manner which creates a most favorable impression in his personal contacts. His physical condition is excellent and his stamina is such that he can function effectively over extended periods of time without loss of efficiency.

As a Supervisor in Charge of a key Unit within the Racial Intelligence Section, he has been responsible for developing broad programs which have resulted in obtaining intelligence data of the highest quality. This has enabled the Bureau to keep the top officials of this country advised of up-to-the-minute developments in the extremist field. His wholehearted cooperation has been in keeping with his performance over the years which has been dedicated to the best interests of the Bureau.

Mr. Deegan is perceptive in analyzing matters under his supervision, utilizing forcefulness and aggressiveness while at the same time remaining tactful and diplomatic. His thinking is imaginative and at the same time he has demonstrated an ability to define objectives and arrive at sound, logical conclusions quickly. Because of this ability, he is frequently called upon to handle duties beyond his normal assignments.

He continually exercises ingenuity as well as outstanding planning and organizational ability in devising new procedures to enhance the effectiveness of the Section's operations.

His superior experience, background and know-how enables him to bypass trivia and nonessential detail and thus handle a voluminous amount of complex work.

Mr. Deegan's memoranda and letters show careful and thorough preparation. He is concise and to the point as well as an outstanding dictator.

Mr. Deegan daily demonstrates outstanding leadership and executive ability. He has a unique faculty for making decisions, issuing clear-cut instructions and handling personnel under his supervision.

**FBI**  
IDENTIFICATION NO.  
**9-97-24**

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction; under items 58, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS.	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	

☐ VAGINAL    ☐ RECTAL

9.1.8 BUN  
 3.7 INOR. PHOS.  
 2.5 GLU  
 1.0 BUN  
 2.4 URIC ACID  
 2.5 CHOL.  
 4.9 T.P.  
 4.8 ALB  
 1.7 T.BILI.  
 2.0 ALK. PHOS  
 7.0 LDH  
 40 SGOT

RESULTS		
18.0	HGB	GUS 100ML
55	HCT %	
2.5	WBC	$\times 10^3$
	NEUT %	
	BAND %	
	LYMPH %	
	EOS %	
	BAZO %	
	MONOS %	
	PLATELET	$\times 10^3$

#30 ~~30~~ SGO  
med Varicose  
Vena KLE NCD

#32. Prostate normal

REC-135

1 SEP 2 1971

ENCLOSURE

REVIEWED By Z. Thompson  
(Continue in item 73) 8-12-71 RMD

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

		Restorable teeth			Non-restorable teeth			Missing teeth			Replaced by dentures			Fixed Partial dentures				
		0 1 2 3 32 31 30 0				1 2 3 32 31 30 1				1 2 3 32 31 30 x x x				1 2 3 32 31 30 x x x				
R	RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F
		X			X					X						X	X	Y

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type  $\equiv$   
Class II  
NCD

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.015</i>		252 WEST 86th St. Apt. 21807	
B. ALBUMIN	D. MICROSCOPIC	090 12 2131 - SEE REPORT	
C. SUGAR	ESS - NEG		
47. SEROLOGY (Specify test used and result)	48. <i>NEG</i>	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
<i>2 cc NEG</i>	<i>WNL</i>		

1807  
SEE REPAIR  
COPY MADE OF  
MAY 4/88  
88-116

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <b>74"</b>	52. WEIGHT <b>189</b>	53. COLOR HAIR <b>BROWN</b>	54. COLOR EYES <b>BROWN</b>	55. BUILD <input checked="" type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. <b>100</b> DIAS. <b>80</b>	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING <b>60</b>	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/ <b>20-1</b> CORR. TO 20/			BY S. CX		
LEFT 20/ <b>20-1</b> CORR. TO 20/			BY S. CX		
61. NEAR VISION			62. HETEROPHORIA (Specify distance)		
ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD					
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) <b>919 Fairweather</b>		65. DEPTH PERCEPTION (Test used and score)	
66. FIELD OF VISION <b>Normal</b>		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
69. INTRAOCULAR TENSION <b>R 7 12.2 mm Hg L 7 12.2 mm Hg</b>		70. HEARING		71. AUDIOMETER	
RIGHT WV /15 SV /15		LEFT WV <b>15</b> /15 SV <b>15</b> /15		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
				6	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S
B. PHYSICAL CATEGORY					
A	B	C	E		

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate school)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

DEEGAN, JOSEPH G.

REGISTER NO.

FBI PHY. EXAM. SEC.

WARD NO.

T-18

AGE

SEX

(Check one)

40 M

☐ BESIDE, WHEELCHAIR, OR STRETCHER

☐ BED PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

DOB-16-FEB-25

FBI

PA+LAT. Chest

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REQUEST

7-28-71

REQUESTED BY

Dr. FOX

RADIOGRAPHIC REPORT

090-12-2131

8-5-71

PA ANDIAT CHEST DATED 28 July 71: The cardio pari cardial silhouette is within normal limits. Both lung fields are clear. There is no evidence of acute pulmonary process. Calcified granulomata are noted in both lower lung fields.

CONCLUSION: Normal chest.

T. J. DAVIS

ICDR MCUSNR

DATE OF REPORT

jd

NNMC

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-207

ENCLOSURE

67-455043-209

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

DEEGAN, JOSEPH G.

Last

First

Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500; 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis. \_\_\_\_\_

ENCLOSURE

67-455643-209

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

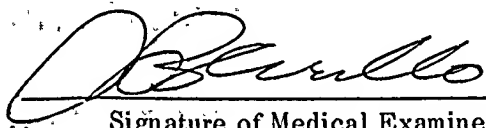
4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

  
Signature of Medical Examiner

1/28/71  
Date



July 8, 1971

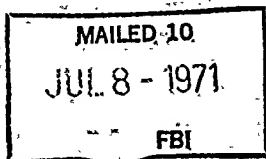
*Joseph Deegan*

Mr. Joseph J. Casper  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Casper:

It affords me a great deal of pleasure to be able to commend you and, through you, those individuals who contributed materially to the success of the 87th Session of the FBI National Academy.

Many favorable comments have been received concerning this session and the successful results are largely attributable to the proficient, dependable and thorough way in which everyone handled his assignments. I appreciate your capable leadership and I want to ask that you convey my thanks to all participants.



Sincerely yours,

J. Edgar Hoover

1 - Mr. Casper (Personal Attention)

A copy of this letter will be placed in the files of all participants upon receipt of names from Training Division.

1 - Mrs. Randolph (Sent Direct)

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Beaver \_\_\_\_\_  
Telp. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

BLG (221)

Based on memo Casper-Mohr 6/30/71 re FBI National Academy, 87th Session.

REPLICATE YELLOW

*Handwritten signatures and initials*

*Handwritten initials*

NOT RECORDED

AUG 9 1971

MAIL ROOM ☐ TELETYPE UNIT ☐

Copies prepared and attached for placing in the files of: OVER

Mr. Joseph J. Casper  
FBI - Washington, D. C.

b6

Identification

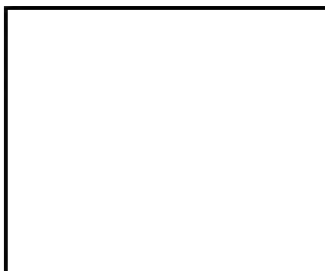


Training

T. John Brownfield  
James V. Cotter  
James P. Flynn  
James H. Gump  
James E. Reilly  
Simon Tullai  
William M. Mooney

James B. Hyland  
Kenneth E. Joseph  
Robert T. Kelly

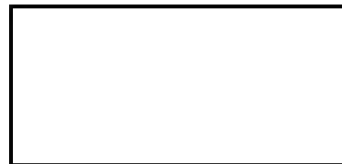
Richard E. Kohler  
Gibbon E. McNeely



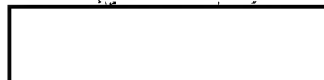
James H. Brewster



Lawrence T. Gurley  
William R. Hall



Clark S. Shoaff



Thomas J. Jenkins

Training Continued

H. K. Light  
G. A. Zeiss, III



L. C. Schmidle



Calvin R. Ford

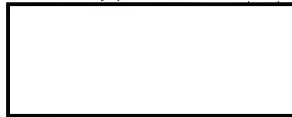


WFO

WFO

Alexandria

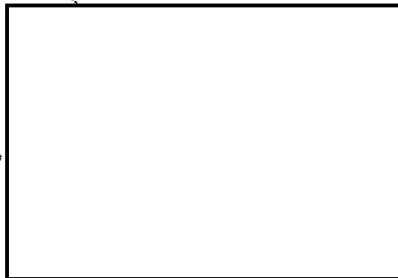
Gunsmiths

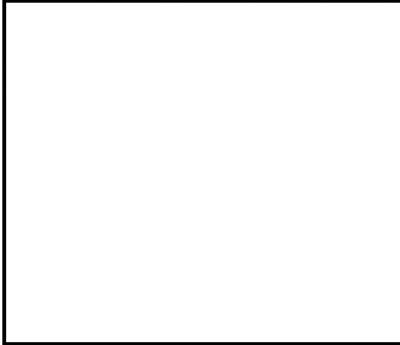


Administrative Division

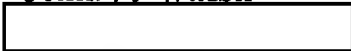


Edward F. Ryan



Administrative Division ContinuedFiles and CommunicationsDomestic Intelligence

John V. Walsh



C. Edwin Glass, Jr.

Arthur B. Fulton

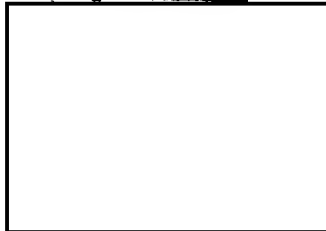
Joseph M. Sizoo



Fred B. Griffith

George C. Moore

✓ Joseph Deegan

General Investigative

Benjamin H. Cooke

Kenneth L. Bounds

Laboratory

Thomas F. Kelleher



John F. Gallagher

Frederick L. Edwards



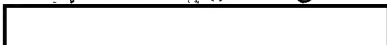
Richard W. Flach



Frederick E. Webb

Earl H. Williams

Paul M. Stombaugh



Warren G. Johnson



Wilbur G. Stevens

Crime Records

Robert D. Conger  
Lawrence G. Lawler

[Redacted]

Andrew McKean

[Redacted]

[Redacted]

(Miss)

William H. Stapleton

[Redacted]

Special Investigative

[Redacted]

Thomas J. Emery  
Edwin M. Holroyd

[Redacted]

(Mrs.)

Legal Counsel

[Redacted]

John A. Mintz

[Redacted]

(on loan from WFO)

Cleveland Division

Frank A. Sass

New York Office

[Redacted]

Washington Field Office

[Redacted]

Mr. C. D. Brennan

5/3/71

G. G. Mosra

1 - Mr. C. D. Brennan  
1 - Mr. Rushing

RACIAL INTELLIGENCE SECTION  
ASSIGNMENT OF WORK

b6

SA [redacted] reported to the Racial Intelligence Section today and SA [redacted] reported 1/4/71. Both have been assigned to the Black Nationalist - South and Racial Informant Unit. The following work assignments are being made effective today.

Supervisor In Charge Joseph G. Deegan will be responsible for the handling of matters dealing with racial informants in the following offices: Albuquerque, Atlanta, Buffalo, Butte, Charlotte, Cincinnati, Cleveland, Dallas, Denver, El Paso, Knoxville, Las Vegas, Los Angeles, Louisville, Memphis, Milwaukee, Minneapolis, Newark, Oklahoma City, Salt Lake City, and San Antonio.

Supervisor Hunter E. Kelgeson will be responsible for racial informants in all offices except those listed above.

Supervisor [redacted] will be responsible for black extremist investigations, organizations, and individuals in the following offices: Atlanta, Birmingham, Jacksonville, Miami, Savannah, and Tampa.

Supervisor [redacted] will be responsible for black extremist investigations, organizations, and individuals in the following offices: Charlotte, Columbia, Knoxville, Louisville, Norfolk, Phoenix, and Richmond.

TDR:bjr

CONTINUED - OVER

- (0)
- 1 - Personnel File (SA Joseph G. Deegan)
  - 1 - Personnel File (SA Hunter E. Kelgeson)
  - 1 - Personnel File (SA [redacted])
  - 1 - Personnel File (SA [redacted])
  - 1 - Personnel File (SA [redacted])

Memorandum G. C. Moore to Mr. C. D. Brennan  
Re: Racial Intelligence Section  
Assignment of Work

Supervisor [ ] will be responsible for black extremist investigations, organizations and individuals, in the following offices: Albuquerque, Dallas, El Paso, Houston, Jackson, Memphis, Mobile, New Orleans, and San Antonio.

b6

ACTION:

For information.

November 26, 1971

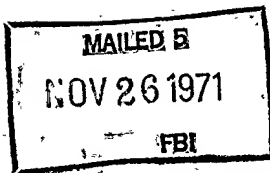
PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

It is a pleasure to recognize you for your commendable efforts in connection with your appearances before the Anti-Sniper Squad Training Schools which were conducted at Quantico, Virginia, recently.

You demonstrated a great deal of ingenuity, expertise and attention to detail while participating in these matters. I want to express my appreciation for your services which were of great benefit to the FBI.



Sincerely yours,  
REC-148  
J. Edgar Hoover

7 NOV 29 1971

1 - Mr. E. S. Miller (Personal Attention)

1 - Mr. Casper (Personal Attention) For Your Information

1 - Mrs. Randolph (Sent Direct)

BLG (6) 67-455043

Based on Casper-Mohr memo 11/18/71 re Anti-Sniper Squad Training, FBI Academy, Quantico, Virginia, Recommendations For Commendation.

Tolson \_\_\_\_\_  
Felt \_\_\_\_\_  
Rosen \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Miller, E.S. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Cleveland \_\_\_\_\_  
Ponder \_\_\_\_\_  
Bates \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

DEC 1 1971

MAIL ROOM ☐ TELETYPE UNIT ☐



Mr. Mohr

October 7, 1971

J. J. Casper

ANTI-SNIPER SQUAD TRAINING  
FBI ACADEMY  
QUANTICO, VIRGINIA  
9/27 - 10/1/71

On 10/1/71, we completed our first pilot school, captioned as above. All of the officers in attendance participated freely and openly in workshop and seminar discussions in addition to firing a variety of courses as well as the new weaponry recently acquired for the purpose of this seminar. All officers were unanimous in their praise of the course content and topical matters presented.

Throughout the week and specifically in the critique held at the end of the course, the officers stated that this was one of the best training sessions they had ever attended. The exchange of information, ideas on equipment and specifically, tactics utilized by the various departments, in particular, stress situations, i.e., ambush situations, confrontations with barricaded gunmen, etc., were particularly outstanding.

Schools of this caliber continue to enhance our leadership in the police training field. They also provide current law enforcement thinking which will enable us to provide new curricula for our field police training programs, the FBI National Academy, and in fact, for training of Special Agent personnel.

I should like to point out that Supervisors [redacted] and [redacted] of the Quantico Staff, who have the primary responsibility for these particular seminars, were exceedingly well-prepared and it was obvious during the week that they had conducted an in-depth study of this critical problem which affects all members of the law enforcement community. Their presentations and the manner in which they conducted the seminars were most professional and indeed a credit to the FBI. b6

Presentations by Supervisors [redacted], Uniform Crime Reporting Section, Crime Records Division, on Police Killings; Joseph G. Deegan, Domestic

- 1 - Mr. Bishop
- 1 - Mr. Miller
- 1 - Mr. Rosen
- 1 - Mr. Mooney

MAM:vsc/aga  
(6)

JAN 14 1972

CONTINUED - OVER

**Memorandum J. J. Casper to Mr. Mohr**  
**Re: Anti-Sniper Squad Training**  
**FBI Academy**  
**Quantico, Virginia**  
**9/27 - 10/1/71**

b6

Intelligence Division, on Black Nationalists; and, [REDACTED], Domestic Intelligence Division, on New Left Extremists Groups were likewise outstanding. The latter three individuals were held over for more than one hour each answering questions from the attendees. It is felt that additional time should be allocated for these subject matters in subsequent seminars.

The officers' response to training on our multilevel anti-sniper facility was most enthusiastic.

All of the officers indicated they were most desirous of implementing many of these concepts into their training programs; however, they pointed out this would be much easier to accomplish if a command officer from their respective departments had been in the group. They strongly recommended that consideration be afforded to inviting a command officer from the respective departments in future seminars to insure that the information and concepts are fully appreciated by persons in responsible positions within the departments who can implement these programs.

**RECOMMENDATION:**

**For information.**

b6

**Room 1032 9 &D**

UNITED STATES GOVERNMENT

# Memorandum

090-12-2131

TO : Director, FBI

DATE: 9-16-71

SA Joseph G. Deegan

Attention: Movement Unit

FROM : (Name of employee)

Extremist Intelligence Section

(Office of assignment)

SUBJECT: OFFICES OF PREFERENCE

Please list my offices of preference as follows:

1. Seat of Government

2. London

3. \_\_\_\_\_

3940 PAL

*Handwritten signature/initials*

NOT RECORDED  
SEP 28 1971

SEP 24 1971

THREE

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

DEEGAN JOSEPH G

SOCIAL SECURITY NUMBER

690-12-2131

## NOTIFICATION OF BASIC CHANGE

CODE-NATURE OF ACTION

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

892--QUALITY INCREASE

893--WITHIN GRADE INCREASE

894--PAY ADJUSTMENT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

896--ADMIN. PAY INCREASE

897--ADMIN. PAY DECREASE

OTHER (SPECIFY IN REMARKS)

EFFECTIVE DATE

9/ 5/71

DATE OF LAST EQUIV. INCR.

9/ 6/70

GRADE OR LEVEL

GS-15

STEP OR RATE

STEP 4

OLD SALARY

\$25,867.00

NEW SALARY

\$26,675.00 \*

## DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

YES

*J. Edgar Hoover*

<input checked="" type="checkbox"/>
-------------------------------------

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

<input type="checkbox"/>
--------------------------

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS: \* EMPLOYEE WILL BE PAID THE  
'OLD SALARY' SHOWN ABOVE UNTIL  
SALARY STABILIZATION PERIOD  
DIRECTED BY EXECUTIVE ORDER 11615  
IS TERMINATED

JOHN EDGAR HOOVER  
DIRECTOR.

9/ 5/71  
(DATE)

PERSONNEL FILE COPY

*Adm. Div.*

*123*  
*OKB*

PERSONAL INFORMATION 1 - Mr. E. S. Miller  
AND/OR  
REQUEST FOR LEAVE (Attn: Miss Tweedon)

TO : Mr. E. S. Miller *EM/DEAN*

1 - Mr. G. C. Moore

DATE: March 24, 1972

FROM: Mr. G. C. Moore *GCM*Name JOSEPH G. DEEGANSocial Security No. 090-12-2131Assigned Domestic Intelligence Division EOD 1/29/51

<b>REQUEST FOR LEAVE WITHOUT PAY</b>			LWOP from _____ to _____	
Hours of annual leave accrued	Hours of sick leave (if applicable)	Desires advanced annual leave in addition to LWOP <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason:				
<b>ILLNESSES</b>				
Nature of illness: (Indicate extent of, description, and current condition under Remarks) (Date of surgery and postoperative condition must be indicated under Remarks)				
<input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Disease <input type="checkbox"/> Operation				
Date sick leave commenced	Date ceased active duty	Expected date of return to duty		
Address: Confined at: <input type="checkbox"/> Hospital <input type="checkbox"/> Residence				
EMPLOYEE REQUESTS ADVANCED SICK LEAVE after accrued <input type="checkbox"/> sick leave <input type="checkbox"/> sick and annual leave				
Employee has _____ hours of annual leave and _____ hours of sick leave (if applicable) accrued.				
<b>DEATHS</b>				
<input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter				
<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Other Relationship _____				
Name of deceased <u>Cecilia Deegan</u>		Date and place of death <u>3/24/72 Brooklyn, New York</u>		
Employee's residence address  <u>7403 Fairwood Lane</u> <u>Falls Church, Virginia 22046</u>  Phone: <u>573-3269</u>		If employee is leaving residence because of this death, what will be his temporary address? <u>1871 Shore Parkway</u> <u>Brooklyn, New York</u> Phone: <u>996-3452</u>		
		Time and date of departure: _____		
		Anticipated time and date of return: _____		

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

Funeral arrangements are being made at Healy's Funeral Home  
Ocean Avenue  
Sheephead Bay  
Brooklyn, New York

GCM:as  
(3)

1 APR 3 1972

*Telegram*  
*3-24-72*  
*OKB*

67-455643-211  
Searched 3 Numbered 18  
MAR 28 1972

*3*  
*OKB*

UNITED STATES CIVIL SERVICE COMMISSION  
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH  
WASHINGTON, D. C. 20415

090-12-2131

JOSEPH G. DEEGAN  
7403 FAIRWOOD LN  
FALLS CHURCH VA 22046

021025 CSD 607 468

*ms Foley  
mry Row*

RCO:MLS 2-23-72	
TOTAL AMOUNT DUE <b>\$317.00</b>	
IF ABOVE TOTAL INCLUDES BOTH A DEPOSIT AND REDEPOSIT, THE AMOUNT DUE FOR EACH IS:	
REDEPOSIT	\$
DEPOSIT	<b>\$317.00</b>
PERIODS OF SERVICE COVERED	
FROM	TO
10-18-48	10-2-50
PERIODS MARKED WITH AN ASTERISK (*) ARE REDEPOSIT PERIODS. THOSE NOT SO MARKED ARE DEPOSIT PERIODS.	

This bill shows the amount(s) due for the above period(s) of your service which is not covered by retirement deductions. The dates shown above, even though they may not agree exactly with the dates you claim, are based on official records certified to us by the agency having custody of the records. Explanation of deposit and redeposit due is given on the reverse side of this form.

This is not intended as a report of all of your service. Information concerning any service not shown may be obtained from your current employing agency.

Further interest charges may be avoided by paying the full amount now. However, if you cannot pay the full amount, you may make installment payments in the amount of \$25.00 or more at your convenience. After this bill has been paid in full, your claim will be reviewed, and if any additional interest is due, you will be notified. It will not be necessary for you to request a new statement. Additional interest will not be computed until the original bill is paid.

Payments should be made by check, money order, or draft, payable to the U. S. Civil Service Commission and sent to the Fiscal Division, Bureau of Retirement, Insurance, and Occupational Health, U. S. Civil Service Commission, Washington, D. C. 20415. Cash payments may be made in person at the Collection Section of the Fiscal Division. The enclosed Form BRI 49-112A should be presented with your payment, whether made by mail or in person. The form will be returned to you as your official receipt and will also show the balance due, if any.

*4-6-72  
Empl. does  
not plan to  
pay any money  
(see attached  
routing slip)*

*2 ENCLOSURE*

Refund and Deposit Section  
Claims Division

*12/3  
re 3/8*

Enclosure

Part 3 - To Applicant

Please see other side

## **EXPLANATION OF DEPOSIT AND REDEPOSIT**

**REDEPOSIT** is the amount due to cover service during which retirement deductions were taken from your salary but later refunded to you. You will not receive credit for this service and your retirement annuity as well as any annuity due your widow (or widower) will be sharply reduced unless the redeposit is paid.

**DEPOSIT** is the amount due to cover service during which no retirement deductions were taken from your salary. You will receive credit for this service but, unless the deposit is paid in full, your annuity will be reduced by 10% of the amount of the deposit due at retirement. Any annuity due your widow (or widower) will be proportionately reduced if the deposit is not paid.

Interest will continue to be added to the amount due as deposit and redeposit as long as they remain unpaid.

## **IMPORTANT NOTICE**

We have been informed by the Internal Revenue Service that interest paid on deposits and redeposits under the Civil Service Retirement System may not be deducted for Federal income tax purposes as interest paid on indebtedness. The interest included in such payments is credited to the individual's retirement account.



## **INSTRUCTIONS**

1. Please fill in blocks 1, 2, and 3 on the reverse side of this form and mail it to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Fiscal Division, Washington, D.C. 20415, with your payment. Be sure to give your claim number.

2. Installment payments must be at least \$25. Make check, money order, or draft payable to U.S. Civil Service Commission. Checks are accepted subject to collection. Do not send cash through the mails. Cash payments may be made in person at the Fiscal Division.

## **INFORMATION**

1. This form will be returned to you after your payment has been credited to your account. It then becomes your official receipt and should be retained for your personal record.

2. Payment may be made in a lump sum or in installments. After payment of the original bill has been completed, your claim will be reviewed and, if any additional interest is due, you will be notified. Prompt payment will reduce or eliminate any additional interest charges.

3. Until full payment is received, we will enclose a blank form with each receipt mailed. You should use the blank form when making your next payment.

4. Inquiries attached to deposit slips are usually answered by separate letters.

**FISCAL DIVISION.**

**TRANSACTION VALIDATION****WHEN VALIDATED THIS IS YOUR RECEIPT**

1. ENTER YOUR CLAIM NUMBER

CSD—

2. ENTER AMOUNT OF  
THIS PAYMENT

\$

**SERVICE  
CREDIT**

3. PRINT OR TYPE YOUR NAME AND ADDRESS, INCLUDING ZIP CODE, BELOW:

**PLEASE DO NOT DETACH OR WRITE BELOW THIS LINE—SEE OTHER SIDE FOR INSTRUCTIONS AND INFORMATION****STATEMENT OF ACCOUNT**

RECEIPT NO.	DATE OF RECEIPT	AMOUNT OF DEPOSIT	TOTAL DEPOSITS MADE TO DATE	YOUR CLAIM NO.	BALANCE DUE*

\*IF BALANCE DUE IS ZERO, SEE ITEM CHECKED BELOW:

☐ YOU WILL BE BILLED FOR ADDITIONAL INTEREST.☐ PAYMENT COMPLETED. NO ADDITIONAL INTEREST DUE.

Please check the statement of account with your records. If your records differ, write promptly to the Fiscal Division, Bureau of Retirement, Insurance, and Occupational Health, United States Civil Service Commission, giving full information on the difference. If we have not completed the statement of account, it is because your account is temporarily out of file as a part of a routine periodic review of all accounts.

**UNITED STATES CIVIL SERVICE COMMISSION**  
**BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH**  
**WASHINGTON, D.C. 20415**

**BRI 49-112A**  
**July 1970**

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Rosen

DATE: December 8, 1971

FROM : E. S. Miller

Domestic Intelligence Div

SUBJECT: URBAN GUERRILLA WARFARE SEMINAR  
COMMENDATION MATTER

Tolson \_\_\_\_\_  
 Felt \_\_\_\_\_  
 Rosen \_\_\_\_\_  
 Mohr \_\_\_\_\_  
 Bishop \_\_\_\_\_  
 Wicker, E.S. \_\_\_\_\_  
 Callahan \_\_\_\_\_  
 Casper \_\_\_\_\_  
 Conrad \_\_\_\_\_  
 Dalbey \_\_\_\_\_  
 Cleveland \_\_\_\_\_  
 Ponder \_\_\_\_\_  
 Bates \_\_\_\_\_  
 Tavel \_\_\_\_\_  
 Walters \_\_\_\_\_  
 Soyars \_\_\_\_\_  
 Tele. Room \_\_\_\_\_  
 Holmes \_\_\_\_\_  
 Gandy \_\_\_\_\_

Reference is made to the letter of commendation (copy attached) directed to me dated December 7, 1971, commending the personnel of this Division who worked on the captioned seminar.

In accordance with the notation that a copy of this letter will be placed in the files of all participants not individually recognized, there is set forth the names of these employees:

Agent Personnel

Inspector Joseph A. Sizoo  
Soymor F. Phillips

Paul F. Shea

John L. X Adams  
Dean N. X Lloyd  
Stanley S. X Czarnecki

William H. XAtkinson  
William J. XMcDonnell

Joseph G. Deegan

Charles P. Monroe

Hunter E. X Helgeson  
James O. X Ingram

## Clerical Personnel

b6

**ACTION:**

That this memorandum be forwarded to Personnel Records for handling.

**Enclosure**

ESM:LML (5)

1 - Mr. Rosen

1 - Mr. Callahan

1 - T. J. Smith

67-1561-1000  
NOT RECORDED  
2 DEC 11 1971

2 DEC 11 1971

132

Personnel Records for

EM 3-year

50/1000

December 7, 1971

Mr. Edward S. Miller  
Federal Bureau of Investigation  
Washington, D. C.


Dear Mr. Miller:

The personnel of the Domestic Intelligence Division who worked so efficiently relative to the Urban Guerrilla Warfare Seminar held at the Seat of Government recently are deserving of praise and it pleases me to commend them, through you.

These employees demonstrated enthusiasm and a fine spirit of cooperation while contributing to the success of this endeavor. I am gratified by the noteworthy results achieved and ask that you express my thanks to everyone involved.

Sincerely yours,

J. Edgar Hoover

 1 - Mr. E. S. Miller (Personal Attention)

A copy of this letter will be placed in the files of all participants not individually recognized.

ENCLOSURE

MC AE

DEC 14 1971

TELEGRAM

PLAINTEXT

URGENT

3-24-72

MR. JOSEPH G. DEEGAN  
DELIVER BY MESSENGER  
1871 50th PARKWAY  
BROOKLYN, NEW YORK

I WANT TO EXTEND MY SINCERE SYMPATHY TO YOU AND YOUR FAMILY  
ON THE PASSING OF YOUR MOTHER. I DO HOPE YOU WILL GAIN SOME  
SOLACE FROM KNOWING THAT YOUR FRIENDS IN THE BUREAU ARE THINKING  
OF YOU AND THAT WE ARE SHARING YOUR SORROW.

JOHN EDGAR HOOVER

1 - E. S. Miller (Personal Attention)

JFB *jfb*  
(4) *oeh*

REC-145

67-455-093-212
SEARCHED
3 APR 28 1972

FEDERAL BUREAU OF INVESTIGATION  
COMMUNICATIONS SECTION

3:17 PM SEP  
WESTERN UNION

Mr. Tolson \_\_\_\_\_  
Mr. Felt \_\_\_\_\_  
Mr. Rosen \_\_\_\_\_  
Mr. Mohr \_\_\_\_\_  
Mr. Bishop \_\_\_\_\_  
Mr. Miller, E.S. \_\_\_\_\_  
Mr. Callahan \_\_\_\_\_  
Mr. Casper \_\_\_\_\_  
Mr. Conrad \_\_\_\_\_  
Mr. Dalbey \_\_\_\_\_  
Mr. Cleveland \_\_\_\_\_  
Mr. Ponder \_\_\_\_\_  
Mr. Bates \_\_\_\_\_  
Mr. Waikart \_\_\_\_\_  
Mr. Walters \_\_\_\_\_  
Mr. Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Miss Holmes \_\_\_\_\_  
Miss Gandy \_\_\_\_\_

APR 3 1972

RECEIVED  
FBI JUSTICE

MAIL ROOM ☐

TELETYPE UNIT ☐

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

*Joseph G. Deegan*Name of Employee: JOSEPH G. DEEGANWhere Assigned: Domestic Intelligence Extremist Black Nationalist -  
(Division) Intelligence South, Klan & Extremist  
(Section, Unit) Informant UnitOfficial Position Title and Grade: Special Agent, GS-15Rating Period: from April 1, 1971 to March 31, 1972ADJECTIVE RATING: EXCELLENT  
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's  
InitialsIGDRated by: *George E. Moran* Section Chief 4/3/72  
Signature Title DateReviewed by: *Edward J. Miller* Assistant Director 4/3/72  
Signature Title DateRating Approved by: *W. H. Holloman* Assistant Director APR 14 1972  
Signature Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

REC-131

67-455693-213  
arched Numbered

1 APR 19 1972

*THREE*

3 APR 25 1972

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL  
CHECKLIST AND NARRATIVE COMMENTS**  
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH G. DEEGAN

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)  
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

O No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- + 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

There are no limitations on Mr. Deegan's availability and no physical limitations affecting his performance. He has not used more sick leave than earned during the rating period.

- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment; including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others O) + A. Internal Security; O B. Criminal or General Investigative; O C. Fugitive; O D. Applicant; O E. Accounting; + F. Other, such as Supervisor.  
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

Mr. Deegan has continued to serve in the Extremist Intelligence Section as Supervisor in Charge of the unit which has the responsibility for developing extremist informants, as well as for the supervision of Klan, white hate-type cases and black extremist cases in the southern part of the United States.

Mr. Deegan has exhibited outstanding leadership qualities in leading the field in the development of a substantial quantity of high quality extremist sources. He daily has exhibited the ability to supervise complicated and complex matters with only the absolute minimum of supervision from his superiors. He is most enthusiastic in his approach to his work and has the unique ability of functioning best under extreme pressure. His overall performance is exemplary.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneA. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ NoB. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Supervisor in Charge, Black Nationalist-South, Klan andExtremist Informant UnitADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

ICD

(Checklist and Narrative Comments continued)

- E 13. Firearms.  
+ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.  
During rating period developed \_\_\_\_\_ informants; \_\_\_\_\_ potential informants.

Mr. Deegan's unit is responsible for the overall supervision of extremist informants throughout the field and his supervision has been outstanding.

- + 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

- \_\_\_\_\_ A. Reports; + B. Memos, letters, wires.  
+ 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.  
+ 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)  
+ A. Leadership + F. Devising procedures.  
+ B. Ability to handle personnel + G. Promoting high morale  
+ C. Making decisions + H. Getting results  
+ D. Assignment of work + I. Furthering equal employment opportunity  
+ E. Training subordinates

- NA 18. Raids and dangerous assignments; \_\_\_\_\_ A. As leader; \_\_\_\_\_ B. As participant.

- + 19. Miscellaneous. Specify and rate:

+ Dictation; \_\_\_\_\_ Applicant recruitment; \_\_\_\_\_ Other \_\_\_\_\_

- NA 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in NA language(s).

Can handle typical investigative problems as follows:

- A. Conversation form \_\_\_\_\_ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory  
(language)  
B. Written form \_\_\_\_\_ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory  
(language)

Frequency \_\_\_\_\_ language ability used during rating period \_\_\_\_\_.

Anticipated use during ensuing year \_\_\_\_\_.

22. Administrative Advancement: ☐ (Check block if not interested.)

A. ☒ Yes ☐ No Agent is completely available for administrative advancement.

B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☒ Outstanding  
Explain if interested but not now qualified.

23. Number of Incentive Awards \_\_\_\_\_.

Commendations received from Director: Individual 1 Through Superior 1.

Suggestions submitted \_\_\_\_\_.

If none, check block ☐.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None  
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS IGD



UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. E. S. Miller

FROM : Mr. G. C. Moore GCM

SUBJECT: JOSEPH G. DEEGAN  
SPECIAL AGENT, GS-15  
EOD BUREAU: 1/29/51  
EXTREMIST INTELLIGENCE SECTION  
DOMESTIC INTELLIGENCE DIVISION  
CHANGE IN POSITION

1 - Mr. J. P. Mohr  
1 - Mr. A. Rosen

DATE: June 5, 1972

1 - Mr. N. P. Callahan  
1 - Mr. E. S. Miller  
1 - Mr. G. C. Moore

Felt \_\_\_\_\_  
Mohr \_\_\_\_\_  
Rosen \_\_\_\_\_  
Bates \_\_\_\_\_  
Callahan \_\_\_\_\_  
Campbell \_\_\_\_\_  
Casper \_\_\_\_\_  
Cleveland \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Marshall \_\_\_\_\_  
Miller, E.S. \_\_\_\_\_  
Ponder \_\_\_\_\_  
Soyars \_\_\_\_\_  
Walters \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Kinley \_\_\_\_\_  
Mr. Armstrong \_\_\_\_\_  
Ms. Herwig \_\_\_\_\_  
Mrs. Neenan \_\_\_\_\_

Purpose of this memorandum is to recommend Special Agent Joseph G. Deegan be promoted to fill the position of Number One Man to the Section Chief of the Extremist Intelligence Section, position vacated by retirement of Special Agent Theron D. Rushing. CAD 6/23/72.

Mr. Deegan is well qualified in every respect for this position. He entered on duty 1/29/51, has a Bachelor of Arts degree from St. Francis College, Brooklyn, New York, and is married with six children. He has served in Indianapolis, Detroit, New York and New Orleans Offices and has been assigned to a second tour at the Seat of Government which commenced on 2/16/64.

Since 12/5/66 Mr. Deegan has served as Supervisor in Charge of the unit responsible for handling Klan and Klan informants. Responsibilities of that particular unit now also encompass the supervision of black extremist elements in the southern part of the United States, as well as black extremist informants.

Since coming to the Bureau in 1964, he has received six letters of commendation and two incentive awards. His only letter of censure has been for a correspondence error on 12/19/69.

Mr. Deegan has exhibited outstanding leadership qualities and throughout all of his assignment has acquitted himself in an excellent manner. His last performance rating of Excellent still holds and he is considered to have outstanding qualities for administrative advancement. There is no one better qualified to handle this assignment from a background standpoint.

GCM:as  
(6)

CONTINUED - OVER

Memorandum to Mr. E. S. Miller  
RE: JOSEPH G. DEEGAN

RECOMMENDATION:

That Special Agent J. G. Deegan be approved as  
Number One Man in the Extremist Intelligence Section.

DEM  
Rec. approval  
Jma

BM

EM

AS

Copy attached

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 4/25/72

I certify that I have ☐ received ☐ returned the following Government property for official use:

COLOR  
SPECIAL AGENT CREDENTIAL CARD WITH CASE # 6464

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 6464

B & W

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE

3/5/72

Very truly yours,

(Signature)

*Joseph G. Deegan*

(Typed name)

JOSEPH G. DEEGAN

5 SEP 15 1972

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Rosen *RK*

FROM : E. S. Miller *EM*

SUBJECT: LAW ENFORCEMENT CONFERENCE  
COMMENDATION MATTER

DATE: April 12, 1972

Tolson \_\_\_\_\_  
Felt \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

*dot* Reference is made to the letter of commendation (copy attached) directed to me dated April 6, 1972, commending the personnel of this Division for their <sup>part</sup> in connection with the law enforcement conferences recently held at the Seat of Government.

*Joseph S. Deegan*  
In accordance with the notation that a copy of this letter will be placed in the files of all participants, there is set forth below the names of these employees:

## Agent Personnel

Inspector George C. Moore  
Mr. Thomas J. Smith  
Mr.   
Mr. Thomas J. Deakin  
Mr. Joseph C. Deegan

## Clerical Personnel

b6

## ACTION:

That this memorandum be forwarded to Personnel Records for handling.

REC-132

## Enclosure

ESM:LML (6)

- 1 - Mr. Rosen
- 1 - Mr. N.P. Callahan
- 1 - Mr. T. J. Smith
- 1 - Mr. G.C. Moore
- 1 - E. S. Miller

80005-2656  
1 MAY 22 1972  
*ZM*

1 JUN 12 1972

1 JUN 9 1972  
*3/Bl*

April 12, 1972

Mr. Charles W. Bates  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bates:

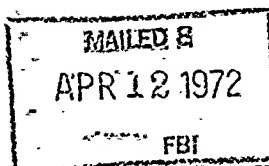
*Joseph C. Deigan*  
It is with considerable pleasure that I commend, through you, those employees of the General Investigative Division who performed so effectively with respect to the investigation involving [redacted], the subject of a Crime Aboard Aircraft case.

I have been genuinely pleased by the fine results attained in this important matter and I realize that much of the credit is due to those employees in your division who rendered such valuable service. I ask that you advise them of my gratitude.

Sincerely yours,

J. Edgar Hoover

b6  
b7C



1 - Mr. Bates (Personal Attention)

Copies of this letter will be placed in the files of participating personnel when they are received from Mr. Bates.

1 - Mrs. Randolph (Sent Direct)

RHC:bla  
(47)

Based on memo Gallagher-Bates 4-11-72 and addendum Administrative Division 4-11-72 re [redacted], CAA-Piracy.

Tolson \_\_\_\_\_  
Felt \_\_\_\_\_  
Campbell \_\_\_\_\_  
Rosen \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Miller, E.S. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Cleveland \_\_\_\_\_  
Ponder \_\_\_\_\_  
Bates \_\_\_\_\_  
Walkert \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

37-NOT RECORDED  
29 1 MAY 22 1972

DUPLICATE YELLOW

MAIL ROOM ☐ TELETYPE UNIT ☐  
Copies prepared and attached for placing in the personnel files of: OVER


Mr. Charles W. Bates  
FBI - Washington, D. C.

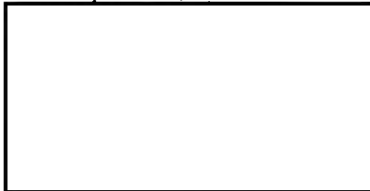
b6

George C. Moore  
Thomas J. Smith  


Thomas J. Deakin  
Joseph C. Deegan  


Howard W. Arendt  


Richard J. Gallagher  
Henry A. Schutz, Jr.  
Donald T. Perrine  


William E. Kell  


Charles E. Price  
Rex I. Shroder  


8-25-72

Mr. Deegan:

Keep this Unit advised regarding  
Government doctor's recommendation.

*will follow  
7/8  
8-31-72*

Physical Unit  
Room 5728

*dhg*

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN, Jos. G.</b>		2. GRADE AND COMPONENT OR POSITION <b>S.A.</b>	3. IDENTIFICATION NUMBER <b>090-12-2131</b>
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)		5. PURPOSE OF EXAMINATION <b>ANNUAL</b>	6. DATE OF EXAMINATION <b>8-7-72</b>
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY <b>FBI</b>
11. ORGANIZATION UNIT		12. DATE OF BIRTH (MM/DD) <b>2-10-25</b>	
13. PLACE OF BIRTH <b>N.Y.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)	
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL	
18. HEAD, FACE, NECK, AND SCALP			8-17-72
19. NOSE			
20. SINUSES			
21. MOUTH AND THROAT			HEB 19.2
22. EARS—GENERAL (Int: & ext, canals) (Auditory acuity under items 70 and 71)			HCT - 55
23. DRUMS (Perforation)			WBC 8.8
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)			platelets - adq.
25. OPHTHALMOSCOPIC			8-17-72
26. PUPILS (Equality and reaction)			
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)			
28. LUNGS AND CHEST (Include breasts)			
29. HEART (Thrust, size, rhythm, sounds)			
30. VASCULAR SYSTEM (Varicosities, etc.)			
31. ABDOMEN AND VISCERA (Include hernia)			
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)			
33. ENDOCRINE SYSTEM			
34. G-U SYSTEM			
35. UPPER EXTREMITIES (Strength, range of motion)			
36. FEET			
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)			
38. SPINE, OTHER MUSCULOSKELETAL			
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS			
40. SKIN, LYMPHATICS			
41. NEUROLOGIC (Equilibrium tests under item 72)			
42. PSYCHIATRIC (Specify any personality deviation)			
43. PELVIC (Females only) (Check how done)			
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL			

RESULTS

HGB GMS/100ML	18.6
HCT %	53
WBC X10 <sup>3</sup>	10.6
NEUT %	51
BAND %	4
LYMPH %	33
EOS %	3
BASO %	
MONOS %	9
PLATELET X10 <sup>3</sup>	

ENCLOSURE REC-149

8-17-72

S/E - 1.014

ALB & SUGAR - NEG.

MICRO ESS - NEG.

Cholesterol 240

Overtinone - 0.9

mic - acid - 8.7

Trig - 73

5 SEP 1 1972

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																																			
<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>Restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Non-restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Missing teeth</td><td>1</td><td>2</td><td>3</td><td>Replaced by dentures</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial dentures</td></tr><tr><td>32</td><td>31</td><td>30</td><td></td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td></tr><tr><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>16</td><td>15</td><td>14</td><td>13</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		0	1	2	3	Restorable teeth	1	2	3	Non-restorable teeth	1	2	3	Missing teeth	1	2	3	Replaced by dentures	1	2	3	Fixed Partial dentures	32	31	30			32	31	30		32	31	30		32	31	30		32	31	30		X									X				X				X				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																					32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13																					X																				Exam Type 3 CLASS 2 QUALIFY
0	1	2	3	Restorable teeth	1	2	3	Non-restorable teeth	1	2	3	Missing teeth	1	2	3	Replaced by dentures	1	2	3	Fixed Partial dentures																																																																																																																																																	
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X																																																																																																																																																																					

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020 (above)		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN TRACE		090-12-2131 - Sacc	
C. SUGAR NEG.		Repeat	
47. SEROLOGY (Specify test used and result)		48. EKG UNL	
49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
NEG.		Blood Pressure reading	

SEP 6 1972

88-116

JCD



MEASUREMENTS AND OTHER FINDINGS																											
51. HEIGHT 6'1"		52. WEIGHT 190		53. COLOR HAIR Brown		54. COLOR EYES Hazel		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE																	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																					
A. SITTING SYS. 45 DIA. 10		B. RECUMBENT SYS. 140 DIA. 96		C. STANDING (3 min.) SYS. 140 DIA. 90		A. SITTING 72		B. AFTER EXERCISE		C. 2 MIN. AFTER																	
59. DISTANT VISION						60. REFRACTION			61. NEAR VISION																		
RIGHT 20/20		CORR. TO 20/		BY S.		CX		J-1		CORR. TO																	
LEFT 20/20		CORR. TO 20/		BY S.		CX		J-1		CORR. TO																	
62. HETEROPHORIA (Specify distance)																											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																	
RIGHT LEFT				N/A						CORRECTED																	
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION 12.2 - 12.2																	
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																	
RIGHT WV 15 /15 SV /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>250 Hz</td> <td>500 Hz</td> <td>1000 Hz</td> <td>2000 Hz</td> <td>3000 Hz</td> <td>4000 Hz</td> <td>6000 Hz</td> <td>8000 Hz</td> </tr> <tr> <td>15</td> <td>15</td> <td>15</td> <td>15</td> <td>15</td> <td>15</td> <td>15</td> <td>15</td> </tr> </table>						250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	15	15	15	15	15	15	15	15		
250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz																				
15	15	15	15	15	15	15	15																				
LEFT WV 15 /15 SV /15																											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

57. elevated BP

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Refer to PMO for BP + Hemoglobin  
Check BP x3 days - ANON

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS  
3

SA JOSEPH C. DEEGAN

BP CHECK

<u>DATE</u>	<u>AM</u>	<u>PM</u>
8/14/72	right 148/110 left 148/106	right 154/92 left 160/98
8/15/72	right 160/100 left 158/100	right 142/90 left 144/96
8/16/72	right 144/96 left 140/100	left 142/94

67-455043-215

ENCLOSURE

JCP

CLINICAL RECORD

LABORATORY REPORTS

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

DEEGAN JG 9-97-24  
10FEB25 FBI

REGISTER NO.

P.E. Rm 209

WARD NO.

PHY ONLY 09012-21-31

AGE 47 SEX M

(Check one)

☐ BEDSIDE, WHEELCHAIR  
OR STRETCHER

☐ BED  
PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

PA + LAT CHEST

(Above space for mechanical imprinting, ~~PHY-EXAMS~~)

PATIENT'S CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO. 890-12-2131 DATE OF REQUEST 8/7/72

ANNUAL P.E.

RADIOGRAPHIC REPORT  
TYPED 8/9/72

REQUESTED BY

Dr. Fox

CHEST: Erect PA and LAT chest radiographs show normal heart, mediastinum, diaphragms, lungs, and osseous thorax. Calcific residua of previous granulomatous disease is present.

IMPRESSION: Normal chest examination.

J. D. TAGGART

LT MCJSN

DATE OF REPORT:

SZ

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

J. D. Taggart

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)  
RADIOGRAPHIC REPORT  
519-207

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

67-455043-215

LABORATORY REPORTS  
Standard Form 514

514-106

ENCLOSURE

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee \_\_\_\_\_  
(Type or print)

*Reagan, Joseph L.*  
Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Required for (1) all Special Agent applicants; (2) all employees over 35 years of age; (3) any other where examination indicates such is desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Special Agents and Special Agent Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:**

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

*67-455043-215*

ENCLOSURE

*JCD*

# DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 208	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

Signature of Medical Examiner

Date

REC-122

June 9, 1972

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

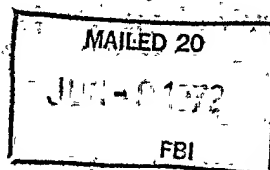
Dear Mr. Deegan:

I am indeed pleased to advise you that you are being designated Number One Man of the Extremist Intelligence Section, Domestic Intelligence Division, with no change in grade or salary, effective June 24, 1972.

Sincerely yours,

L. Patrick Gray III

L. Patrick Gray, III  
Acting Director



- 1 - Mr. E. S. Miller (PERSONAL ATTENTION)
- 1 - Mrs. Randolph
- 1 - Movement
- 1 - Miss Tibbetts

Felt \_\_\_\_\_  
Mohr \_\_\_\_\_  
Rosen \_\_\_\_\_  
Bates \_\_\_\_\_  
Bishop \_\_\_\_\_  
Callahan \_\_\_\_\_  
Campbell \_\_\_\_\_  
Casper \_\_\_\_\_  
Cleveland \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Miller, E.S. \_\_\_\_\_  
Ponder \_\_\_\_\_  
Soyars \_\_\_\_\_  
Waikart \_\_\_\_\_  
Walters \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Kinley \_\_\_\_\_  
Mr. Armstrong \_\_\_\_\_  
Ms. Herwig \_\_\_\_\_  
Mrs. Neenan \_\_\_\_\_

vrp\* (6) 167-455043

MAIL ROOM ☐ TELETYPE UNIT ☐

RGH-GAN

Employed From	To	Title or Position		Expense Account
Age _____	Number of Dependents _____	Monthly Salary \$ _____	Monthly Commissions \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gross annual earnings (Please complete if exact earnings can not be given)

☐ below \$7,500   
 ☐ \$7,500 - \$8,499   
 ☐ \$8,500 - \$9,999   
 ☐ \$10,000 - \$15,000   
 ☐ over \$15,000

Would you recommend for credit?

☐ Yes    ☐ No

Remarks (if any)

Date \_\_\_\_\_

Signature \_\_\_\_\_

REC-133

2/16

att'd #215  
 Letter-prop  
 1-31-73

3/1/73



**AMERICAN EXPRESS COMPANY**  
**CARD DIVISION**

POST OFFICE BOX 36, NEW YORK, N.Y. 10008

To: 1 22 73 cv 0116 40299 2

Federal Bureau of Investigation  
Justice Bldg.  
Washington, D.C.

Alt. Personnel Dept.

FORM 2072 (REV. 12/71) 672

Name Joseph G. Deegan 0116 40299 22

Address 7403 Fairwood Lane  
Falls Church, Va.

Social Security Number \_\_\_\_\_

In applying for an American Express Card, the above person has indicated present/past employment with you and has authorized American Express to obtain this information. Help us expedite the application by completing the reverse side of this card and returning it in the enclosed prepaid envelope.

Thank you,

  
Regional Director  
New Accounts Department

b6

REC-117

216

att #215  
Letter prep  
1-31-73

3/2/73



UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. E. S. Miller

FROM : H. A. Boynton, Jr. *HAB*

SUBJECT: *X*

1 - Mr. N.P. Callahan  
1 - Mr. E.S. Miller  
1 - Mr. M.F. Row

DATE: 1/22/73

1 - Mr. R.L. Shackelford  
1 - Mr. G.C. Moore  
1 - Mr. H.A. Boynton, Jr.  
1 - Mr. J.F. Burns

Felt \_\_\_\_\_  
Baker \_\_\_\_\_  
Callahan \_\_\_\_\_  
Cleveland \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Gebhardt \_\_\_\_\_  
Jenkins \_\_\_\_\_  
Marshall \_\_\_\_\_  
Miller, E.S. *✓*  
Purvis \_\_\_\_\_  
Soyars \_\_\_\_\_  
Walters \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Kinley \_\_\_\_\_  
Mr. Armstrong \_\_\_\_\_  
Ms. Herwig \_\_\_\_\_  
Mrs. Neenan \_\_\_\_\_

*Plampine*

*J.C. Moore*

b7D

Bureau Supervisors Joseph G. Deegan, Number One Man of Extremist Section and William N. Preusse, Unit Chief in charge of Special Investigations Unit, which handles Weathermen fugitive investigations, are highly qualified and available to handle this assignment.

JFB:esd  
(8)

62-55717-  
CONTINUED - OVER

12 JAN 31 1973

1 FEB 6 1973

43

5 - *Beatty*  
PERS. REC. UNIT

Memorandum to Mr. E. S. Miller

[Redacted Box]

b7D

ACTION:

That approval be granted for Bureau Supervisors Joseph G. Deegan and William N. Preusse to attend this seminar. If approval is granted, [Redacted Box], Washington, D. C., will be notified.

*[Handwritten signature]*

DEM

*[Handwritten initials]*

*[Handwritten initials]* GAD

EM

WGC

*[Handwritten signature]*

OK

*[Handwritten mark]*

DOMESTIC INTELLIGENCE DIVISION  
EXTREMIST INTELLIGENCE SECTION

1-5, 1973

Mr. E. S. Miller	Mrs. Liskey
Mr. D. E. Moore	Mrs. Schwab
Mr. Wannall	Miss Tweedon
	Mrs. French
Mr. Branigan	Mrs. Lovelace
Mr. Cotter	Reading Room
Mr. Cregar	Mail Room
Mr. A. W. Gray	Foreign Liaison Desk
Mr. G. C. Moore, 814 9&D	Mr. L. F. Schwartz
Mr. Shackelford	Mr. J. M. Sizoo
Mr. T. J. Smith	Mr. R. C. Denz
Mr. C. D. Brennan	

Physical Unit  
Room 5517

Mr. Adams	Mrs. Meeks, 814 9&D
Mr. Atkinson	Mrs. Spadacino, 814 9&D
Mr. Daly	Steno Pool, 916 9&D
Mr. Deegan, 814 9&D	
Mr. Egan	Please Call Me
Mr. Finzel	Please See Me
Mr. Fitzpatrick	For Information
Mr. Fulton	Note and Return
Mr. Glass	Note & Forward
Mr. Held	Per Call
Mr. Helgeson	Correct
Mr. Newman	Status
Mr. Nugent	RECORDS BRANCH
Mr. Olmert	Place on Record
Mr. Patterson	and Return
Mr. Ridgeway	Consolidation
Mr. Seabaugh	Post in File and Destroy
Mr. Stark	0-1 or FD-205
Mr. Tansey	Initial for file
Mr. G. T. Tunstall	
Mr. Young	

I have checked  
with Sr. Zimmerman,  
Fall Church, VA.

He said the medicine  
he is giving me  
will control the  
problem. I think  
everything is O.K.

NOT RECORDED.

EXTREMIST INTELLIGENCE SECTION

JAN 16 1974  
J. G. Deegan  
814 DBPersonnel file of  
Deegan, Joseph G.No further  
1-8-73  
Jd

3/12

DOMESTIC INTELLIGENCE DIVISION  
EXTREMIST INTELLIGENCE SECTION

11-14, 1972

Mr. E. S. Miller	Mrs. Liskey
Mr. D. E. Moore	Mrs. Schwab
Mr. Wannall	Miss Tweedon
	Mrs. French
Mr. Branigan	Mrs. Lovelace
Mr. Cotter	Reading Room
Mr. Cregar	Mail Room
Mr. A. W. Gray	Foreign Liaison Desk
Mr. G. C. Moore, 814 9&D	Mr. L. F. Schwartz
Mr. Shackelford	Mr. J. M. Sizoo
Mr. T. J. Smith	Mr. R. C. Denz
Mr. C. D. Brennan	

*Adm. Personnel Unit*  
Room 05515

Mr. Adams	Mrs. Meeks, 814 9&D
Mr. Atkinson	Mrs. Spadacino, 814 9&D
Mr. Daly	Steno Pool, 916 9&D
Mr. Deegan, 814 9&D	
Mr. Egan	Please Call Me
Mr. Finzel	Please See Me
Mr. Fitzpatrick	For Information
Mr. Fulton	Note and Return
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Mr. Olmert	Place on Record
Mr. Patterson	and Return
Mr. Ridgeway	Consolidation
Mr. Seabaugh	Post in File and Destroy
Mr. Stark	0-1 or FD-205
Mr. Tansey	Initial for file
Mr. G. T. Tunstall	
Mr. Young	

Re attached.

I have a doctor's

appointment for

Thursday 11-16-72

will advise

results.

Thank

9

11-16-72

EXTREMIST INTELLIGENCE SECTION

J. G. Deegan

PERSONNEL FILE OF  
JOSEPH G. DEEGAN

will follow  
jg  
11-16-72

R/S to SA  
sub needs appt  
12-6-72  
JD

R/S to SAC  
adv re driver  
1-4-73  
JD

3/jg

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date

7/12/72

I certify that I have ☒ received ☐ returned the following Government property for official use:

Alternate Parking Permit Space 7, USDJ Garage

FILE

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

Joseph G. Deegan

(Typed name)

Joseph G. Deegan

67-107-1000  
3 JUL 21 1972

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 6/14/72I certify that I have ☒ received ☐ returned the following Government property for official use:

Manual of Instruction Vol. I and II #675 ✓

Defense Plans Manual #120 ✓

Pilot Plans Manual #62 ✓

Foreign Operations Policy Manual #29 ✓

Position Classification Manual #55 ✓

Manual of Rules and Regulations #58 ✓

## READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

5 JUL 5 1972

FILE

31 REW

Very truly yours,

(Signature)

Joseph G. Deegan

(Typed name)

Joseph G. Deegan

November 9, 1972

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I have received your suggestion that certain days be designated for the presentation of awards for service and achievement with suitable attendant publicity. Your proposal has been evaluated and it has been decided there are too many disadvantages inherent in such a policy to warrant its adoption.

Although your idea was not approved, I appreciate the interest and initiative you displayed in submitting it for my consideration.

Sincerely yours,

L. Patrick Gray, III  
Acting Director

DUPLICATE YELLOW

1 - Mr. E. S. Miller

① - Personnel file of SA Joseph G. Deegan

JER:car

(5)

(Suggestion 345-73)

NOTE: Suggests certain days be set aside for presentation of awards to Bureau personnel for service and notable achievements and to FBI National Academy graduates for outstanding success in their departments. These awards could be presented on a regional basis with appropriate local publicity.

The Domestic Intelligence and Administrative Divisions opposed adoption for substantially the same reasons. It was noted such action would often be inequitable since certain noteworthy accomplishments,  
42  
(NOTE continued on page 2)

Mr. Joseph G. Deegan

NOTE (Continued)

because of their sensitive nature, could not be publicized. Such awards could be duplicative, since we already have an established system for recognition through incentive awards and commendations, and costly in that, if given at a particular location on a regional basis it would involve travel and accommodation for recipients which could involve a hardship as it is doubtful if payment by the Government could be justified. Last, but not least, such a routine could place heavy demands on the Acting Director's already busy schedule. For these reasons, Training Division recommends idea not be adopted.



345-73

Date

September 21, 1972

To: Director, FBI

From: (Suggestor's name)

Joseph G. Deegan

Division of Assignment

Domestic Intelligence

QUESTION

It is suggested that consideration be given to setting aside certain days throughout the year for presentation of awards to Bureau personnel who have done outstanding work, as well as National Academy men who have achieved notable success in their particular departments and recognizing those employees, male and female, who have successfully completed 30 years of service with the FBI.

These awards could be presented at a suitable place on a regional basis where the FBI and National Academy people involved would invite their families and friends and a program could be worked out with Mr. Gray making the awards along with a short talk by a notable speaker. The news media would be invited to cover this event.

Current practice or rule (Include manual citation as well as facts) At the present time Mr. Gray acknowledges notable successes by Bureau personnel in the forms of letters of commendation, incentive awards, as well as congratulating those individuals who are celebrating various anniversaries.

Advantages of suggestion and annual savings (include basis for estimate)

This would be an opportunity for the FBI to show the public the type of individuals that make up the Bureau, as well as to publicly acknowledge their outstanding achievements, be it either in length of service (30 years) or by acknowledging noteworthy successes in connection with their work. In addition, this could be the opportunity to acknowledge the accomplishments of our National Academy graduates and show the public the close workmanship between the FBI and the local police departments.

Disadvantages of suggestion

(The use by the United States of my suggestion shall not form the basis of a further claim of any nature by me, my heirs, or assigns upon the United States. I understand that I will be considered for any justified award only if my suggestion is adopted within two years after submission.)

☒ Mr. ☐ Mrs. ☐ Miss

Signature and Title of Suggestor

Recommendations and comments of Division Head

See comments on page two

E. S. Miller, Assistant Director

Signature and Title

(Do not write in this space - for Bureau use only)

SEE ADDENDUM PAGE TWO

ADDENDUM: DOMESTIC INTELLIGENCE DIVISION 10/30/72 THG:mlr

Attached suggests that consideration be given to setting aside certain days throughout the year for presentation of awards for outstanding work for Bureau personnel and for notable achievements by National Academy graduates in addition to recognizing those who have completed 30 years of service with the Bureau.

It is recommended that the above not be adopted. Particularly with reference to the Domestic Intelligence Division, a large portion of our work is in such sensitive areas or uses such sensitive investigative techniques that they could not be publicized. It would, therefore, be unfair to single out for recognition one Agent or other Bureau employee while publicly ignoring another Agent or employee because of the nature of their work. Recognition of an employee's long years of service could be handled through appropriate publication in local newspapers.

In addition to the above, setting aside a particular date in each field office or division at FBIHQ would require a large portion of the Acting Director's time which would make this policy unworkable.

EM

10/31/72

DOMESTIC INTELLIGENCE DIVISION  
EXTREMIST INTELLIGENCE SECTION

16-17

1972

Mr. E. S. Miller	Mrs. Liskey
Mr. D. E. Moore	Mrs. Schwab
Mr. Wannall	Miss Tweedon
	Mrs. French
Mr. Branigan	Mrs. Lovelace
Mr. Decker	Reading Room
Mr. A. W. Gray	Mail Room
Mr. G. C. Moore, 814 9&D	Foreign Liaison Desk
Mr. Shackelford	Mr. L. F. Schwartz
Mr. T. J. Smith	Mr. J. M. Sizoo
Mr. C. D. Brennan	

*Physical Unit*  
Room 5517

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Mr. Atkinson	Mrs. Spadacino, 814 9&D
Mr. Daly	Steno Pool, 916 9&D
Mr. Deegan, 814 9&D	
Mr. Egan	Please Call Me
Mr. Finzel	Please See Me
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Mr. Helgeson	Per Call
Mr. Newman	Correct
Mr. Nugent	Status
Mr. Olmert	RECORDS BRANCH
Mr. Patterson	Place on Record
Mr. Ridgeway	and Return
Mr. Seabaugh	Consolidation
Mr. Stark	Post in File and Destroy
Mr. Tansey	0-1 or FD-205
Mr. G. T. Tunstall	Initial for file
Mr. Young	

Re attached

I am making an  
appointment and  
will advise the  
results. I thank  
because I forgot  
all about the check

NOT RECORDED

1 OCT 20 1972 EXTREMIST INTELLIGENCE SECTION

J. G. Deegan

814 DB -

Joe Deegan

PERSONNEL FILE OF  
SA JOSEPH G. DEEGAN

will follow  
jap  
10-19-72

R/S to SAC  
re your dir rec.  
11-17-72  
Jed

3/10/72

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 9/22/72

I certify that I have ☐ received ☒ returned the following Government property for official use:

Monograph - Klan Organizations #30

Monograph - Development of Racial Informants #26

FILE  
3/ Rm

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

*Joseph G. Deegan*

(Typed name)

Joseph G. Deegan

NOT RECORDED  
8 SEP 27 1972

32

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 8-11-72I certify that I have ☒ received ☐ returned the following Government property for official use:SPECIAL AGENT CREDENTIAL CARD WITH CASE # 6464 ✓  
COLOR OFF OF DIR

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 6464 ✓  
COLOR HOOVER SIGN ✓

FILE

3/

JSW

Very truly yours,

(Signature)

Joseph G. Deegan

(Typed name)

JOSEPH G. DEEGAN

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

5 SEP 15 1972

150

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH G. DEEGAN

Where Assigned: Intelligence IS-1  
(Division) (Section, Unit)

Official Position Title and Grade: Special Agent, GS-15

Rating Period: from 4/1/72 to 3/31/73

ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

Rated by:

George C. Morin  
Signature

Section Chief  
Title

4-2-73  
Date

Reviewed by:

Richard Miller  
Signature

Assistant Director  
Title

4-2-73  
Date

Rating Approved by:

Richard Miller  
Signature

Assistant Director  
Title

APR 4 1973  
Date

## TYPE OF REPORT

☒ Official  
☒ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

REC-93

67-455043-217	
Searched	Numbered
8 APR 13 1973	

4 APR 16 1973  
69

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL  
CHECKLIST AND NARRATIVE COMMENTS**  
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH G. DEEGAN

**Note:** Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ **RATE ITEMS AS FOLLOWS:** (See Manual of Rules and Regulations for detailed instructions.)  
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- + 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting; + F. Other, such as Supervisor.  
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

During this rating period Mr. Deegan served until June 24, 1972, as Supervisor-In-Charge of the Black Nationalist - South, Klan and Extremist Informant Unit, and subsequent to June 24, 1972, he has served as the Number One Man to the Section Chief of IS-1 Section of the Intelligence Division. In both capacities he has performed in a superb manner consistently demonstrating the capability to supervise the most complicated and complex matters with a bare minimum of supervision from his superiors. He has demonstrated an outstanding attitude toward his work which has been further exemplified by the leadership afforded to his subordinates. He is dedicated and loyal throughout to the work of the FBI and has demonstrated outstanding leadership qualities in every way.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

- C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

**Supervisor in Charge, Black Nationalist-South, Klan and  
Extremist Informant Unit & Number One Man**

ADJECTIVE RATING: OUTSTANDING

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert
- ☒ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.  
During rating period developed \_\_\_\_\_ informants; \_\_\_\_\_ potential informants.
- ☒ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)  
☒ A. Reports; ☒ B. Memos, letters, wires.
- ☒ 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- ☒ 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)  
☒ A. Leadership ☒ F. Devising procedures  
☒ B. Ability to handle personnel ☒ G. Promoting high morale  
☒ C. Making decisions ☒ H. Getting results  
☒ D. Assignment of work ☒ I. Furthering equal employment opportunity  
☒ E. Training subordinates
- ☒ 18. Raids and dangerous assignments; \_\_\_\_\_ A. As leader; \_\_\_\_\_ B. As participant.
- ☒ 19. Miscellaneous. Specify and rate:  
☒ Dictation; ☒ Applicant recruitment; ☒ Other \_\_\_\_\_
- ☒ 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
- ☒ 21. Foreign Language Ability: Proficient in NA language(s).  
Can handle typical investigative problems as follows:  
A. Conversation form \_\_\_\_\_ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory  
(language)  
B. Written form \_\_\_\_\_ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory  
(language)  
Frequency \_\_\_\_\_ language ability used during rating period \_\_\_\_\_  
Anticipated use during ensuing year \_\_\_\_\_  
C. Completed Bureau Language School ☐ No ☐ Yes \_\_\_\_\_  
Specify language(s) \_\_\_\_\_
22. Administrative Advancement: ☐ (Check block if not interested.)  
A. ☒ Yes ☐ No Agent is completely available for administrative advancement.  
B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.  
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☒ Outstanding  
Explain if interested but not now qualified.
23. Number of Incentive Awards 0.  
Commendations received from Director: Individual 0 Through Superior 0.  
Suggestions submitted 1.  
If none, check block ☐.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None  
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS \_\_\_\_\_



SA JOSEPH G. DEEGAN  
GRADE GS-15

Mr. Deegan makes an outstanding personal appearance. He has a friendly, engaging manner and his demeanor at all times is such as to create a very favorable impression in his personal contacts. His physical fitness is such that he is able to work long hours over extended periods of time without the loss of any efficiency and there are no limitations whatsoever from a physical standpoint affecting his performance.

Mr. Deegan has been penetrative in analyzing matters under his direction utilizing forcefulness and aggressiveness but at the same time demonstrating tact and good judgment. He has demonstrated the ability to define objectives quickly and to arrive at sound, logical conclusions. He is frequently called upon to handle duties beyond his normal assignments and has consistently utilized ingenuity as well as outstanding planning and organizational ability in devising new procedures to insure the continued effectiveness of the operations of the Section. In this regard he has participated wholeheartedly in the Bureau's suggestion program.

Mr. Deegan's knowledge and vast experience of the work of the Bureau enable him to bypass nonessential detail and as a result he is able to handle a voluminous amount of work. He has the faculty and ability to convey an idea and issue instructions which are clear and concise in every respect.

Outstanding qualities of executive ability have been displayed by Mr. Deegan in handling his responsibilities. His advice is sought and respected. His dictation is always well organized and prepared and he is considered to be an outstanding dictator. Mr. Deegan's wholehearted cooperation has been in keeping with his performance over the years--a performance which has been dedicated to the best interest of the FBI.

March 16, 1973

[Redacted]

My dear [Redacted]:

It was certainly thoughtful of you to write as you did on March 9th concerning the presentation made by Special Agents Deegan and Preusse. I very much appreciate your comments regarding their performance and know they are pleased that their contributions were beneficial. They share my gratitude for your kind remarks and join me in thanking you.

b7D

Sincerely yours,

L. Patrick Gray, III  
Acting Director

- 1 - Ottawa - Enclosure
- 1 - Mr. Miller - Enclosure

Personal Attention: Bring to the attention of SA Joseph G. Deegan and SA William N. Preusse.

- 1 - Liaison Section - Enclosure

① - Personnel file of SA Joseph G. Deegan - Enclosure

1 - Personnel file of SA William N. Preusse - Enclosure

DUPLICATE YELLOW

NOTE: Bureau relations with [Redacted] have been cordial.

67-101-RECORDED  
8 MAR 23 1973

12

January 31, 1973

American Express  
P. O. Box 2741  
New York, New York 10008

Gentlemen:

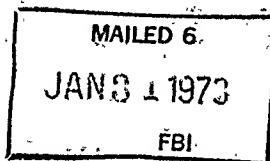
RE: MR. JOSEPH G. DEEGAN

Receipt is acknowledged of your inquiry which was received in this Bureau January 26, 1973.

☒ Captioned employee entered on duty in the Federal Bureau of Investigation on January 29, 1951, Agent and is presently performing Supervisory Special duties, receiving salary of \$ 29,589 per annum. Positions in this Bureau are of a permanent nature contingent upon the satisfactory performance of assigned duties. Date of birth in our records is indicated as February 10, 1925, and his Social Security number as 090-12-2131.

☐ Captioned individual was employed in the Federal Bureau of Investigation performing duties from

at which time salary was \$ per annum. Date of birth in our records is indicated as



Very truly yours,

*L. Patrick Gray, III*

L. Patrick Gray, III  
Acting Director

8 FEB 20 1973  
big (3) 67-455043  
MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Callahan

DATE: April 4, 1973

FROM : T. J. Feeney

SUBJECT: JOSEPH G. DEEGAN

DANIEL F. X. CALLAHAN

Intelligence Division

OUTSTANDING ANNUAL PERFORMANCE RATINGS

Mr. Felt \_\_\_\_\_  
Mr. Baker \_\_\_\_\_  
Mr. Callahan \_\_\_\_\_  
Mr. Cleveland \_\_\_\_\_  
Mr. Conrad \_\_\_\_\_  
Mr. Gebhardt \_\_\_\_\_  
Mr. Jenkins \_\_\_\_\_  
Mr. Marshall \_\_\_\_\_  
Mr. Miller, E.S. \_\_\_\_\_  
Mr. Soyars \_\_\_\_\_  
Mr. Thompson \_\_\_\_\_  
Mr. Walters \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Kinley \_\_\_\_\_  
Mr. Armstrong \_\_\_\_\_  
Mr. Bowers \_\_\_\_\_  
Mr. Herington \_\_\_\_\_  
Ms. Herwig \_\_\_\_\_  
Mr. Mintz \_\_\_\_\_  
Mrs. Neenan \_\_\_\_\_

Outstanding ratings have been submitted covering services of captioned Agents during the last rating period.

SA [ ] EOD as SA [ ] and is in GS 14, [ ]. One incentive award.  
SA [ ] EOD as SA [ ] and is in GS 14, [ ].  
SA Callahan EOD as SA 6-22-42 and is in GS 15, \$33,177.  
SA Deegan EOD as SA 1-29-51 and is in GS 15, \$29,589. Commended once through superior.

Files of Agents reviewed and no reason noted therein to preclude Outstanding ratings. If these ratings are approved, these Agents would be entitled to incentive awards of \$400.00 each and the original of their ratings would be furnished to them.

## RECOMMENDATION:

That you, Mr. Callahan, as Approving Official sign the attached ratings. Thereafter the originals of these ratings would be furnished to SAs Joseph G. Deegan, Daniel F. X. Callahan, [ ], and [ ], and each would receive incentive award of \$400.00.

1 - Personnel files of SAs Daniel F. X. Callahan, [ ], and [ ]

Enc. SENT 4-10-73

4 APR 18 1973

67-455043-218  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
8 APR 13 1973

April 10, 1973

PERSONAL.

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

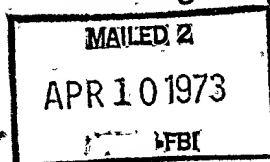
Dear Mr. Deegan:

It is a pleasure to inform you that your superior services for the period April 1, 1972, to March 31, 1973, have earned an Outstanding performance rating for you. The original of this rating is enclosed which you may retain.

Moreover, I have approved an incentive award of \$400.00 for you in recognition of your exceptionally fine performance. Representing this award is the enclosed check.

The dedication and loyalty which you have exhibited during this past year have been most beneficial to the Bureau in discharging its extremely important responsibilities.

Your creditable efforts in behalf of the FBI are indeed gratifying to me.



Sincerely yours,

L. Patrick Gray III

67-455043-219  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
8 APR 10 1973

L. Patrick Gray, III  
Acting Director

Enclosures (2)

1 - Mr. E. S. Miller (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Mrs. Randolph (Sent Direct)

JAB:tjb (5) 67-455043 Award #2104-73

Based on memo Feeney-Callahan 4/4/73, RHC:mjb

Mr. Felt \_\_\_\_\_  
Mr. Baker \_\_\_\_\_  
Mr. Callahan \_\_\_\_\_  
Mr. Cleveland \_\_\_\_\_  
Mr. Conrad \_\_\_\_\_  
Mr. Gebhardt \_\_\_\_\_  
Mr. Jenkins \_\_\_\_\_  
Mr. Marshall \_\_\_\_\_  
Mr. Miller, E.S. \_\_\_\_\_  
Mr. Soyars \_\_\_\_\_  
Mr. Thompson \_\_\_\_\_  
Mr. Walters \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Kinley \_\_\_\_\_  
Mr. Armstrong \_\_\_\_\_  
Mr. Bowers \_\_\_\_\_  
Mr. Herington \_\_\_\_\_  
Ms. Herwig \_\_\_\_\_  
Mr. Mintz \_\_\_\_\_  
Mrs. Neenan \_\_\_\_\_

MAIL ROOM ☒ TELETYPE UNIT ☐

147

APR 15 2 28 PM '73

REPORT OF MEDICAL EXAMINATION

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>DEEGAN, JOSEPH G.</u>			2. GRADE AND COMPONENT OR POSITION <u>S.A.</u>		3. IDENTIFICATION NO. <u>090-12-2131</u>	
4. HOME ADDRESS (Number, street or RFD; city or town; State and ZIP Code) <u>1111 1st St. N.Y.</u>			5. PURPOSE OF EXAMINATION <u>ANNUAL</u>		6. DATE OF EXAMINATION <u>8-10-73</u>	
7. SEX <u>M</u>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <u>      </u> CIVILIAN <u>      </u>		10. AGENCY <u>FBI</u>	11. ORGANIZATION UNIT	
12. DATE OF BIRTH (48) <u>2-10-25</u>			13. PLACE OF BIRTH <u>N.Y.</u>			14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <u>WRAMC</u>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR- MAL
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistular) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

21 enucleated tumor

REC-148

67-455043-220  
Searched 3 SEP 6 1973  
Number 18

Appendix scan

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

0 1 2 3 Restorable 32 31 30 teeth	1 2 3 Non- 32 31 30 restorable teeth	1 2 3 Missing 32 31 30 teeth	1 2 3 Replaced 32 31 30 by dentures	1 2 3 Fixed 32 31 30 Partial dentures
R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32				

CLASS <u>3</u>	
CAL <u>Moderate</u>	
DTR	
QUALIFICATION	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.010</u>		46. CHEST X-RAY (Place, date, film number and result) <u>090-12-2131-22</u> <u>Report</u>	
B. ALBUMIN <u>NEG.</u>	D. MICROSCOPIC <u>ESS-NEG</u>	47. BLOOD TYPE AND RH FACTOR <u>See Report</u>	
C. SUGAR <u>NEG.</u>	48. EKG <u>WNL</u>	50. OTHER TESTS <u>See Report</u>	
47. SEROLOGY (Specify test used and result)		51. OTHER INFORMATION	

10 SEP 11 1973

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73	52. WEIGHT 190	53. COLOR HAIR Brown	54. COLOR EYES Hazel	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE					
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)							
SYS. 150 DIAS. 95	B. RECUM-BENT DIAS.	SYS. DIAS.	C. STANDING (3 min.) DIAS.	A. SITTING 76	B. AFTER EXERCISE					
59. DISTANT VISION			60. REFRACTION		61. NEAR VISION					
RIGHT 20/20	CORR. TO 20/	BY	S.	CX						
LEFT 20/20	CORR. TO 20/	BY	S.	CX						
62. HETEROPHORIA (Specify distance)										
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT					
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)						
RIGHT	LEFT	PDP Normal		UNCORRECTED						
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST						
				69. INTRAOCULAR TENSION 12.2 0.6 5.5 mm Hg						
70. HEARING		71. 180 AUDIOMETER								
RIGHT WV	/15 SV	/15	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
LEFT WV	/15 SV	/15	RIGHT	15	15	20	40	40		
			LEFT	20	15	15	40	50		
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)										
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY										

(Use additional sheets if necessary)

## 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

BP 154/95 22 under put rh for hypertension

## 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

## 76. A. PHYSICAL PROFILE

P	U	L	H	E	S

## 77. EXAMINEE (Check)

- A. ☐ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

## B. PHYSICAL CATEGORY

## 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

## 79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

## 80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

## 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

ALLEN W. BROWN, COL. DC

SIGNATURE

Allen W. Brown Col. DC

## 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

Printed

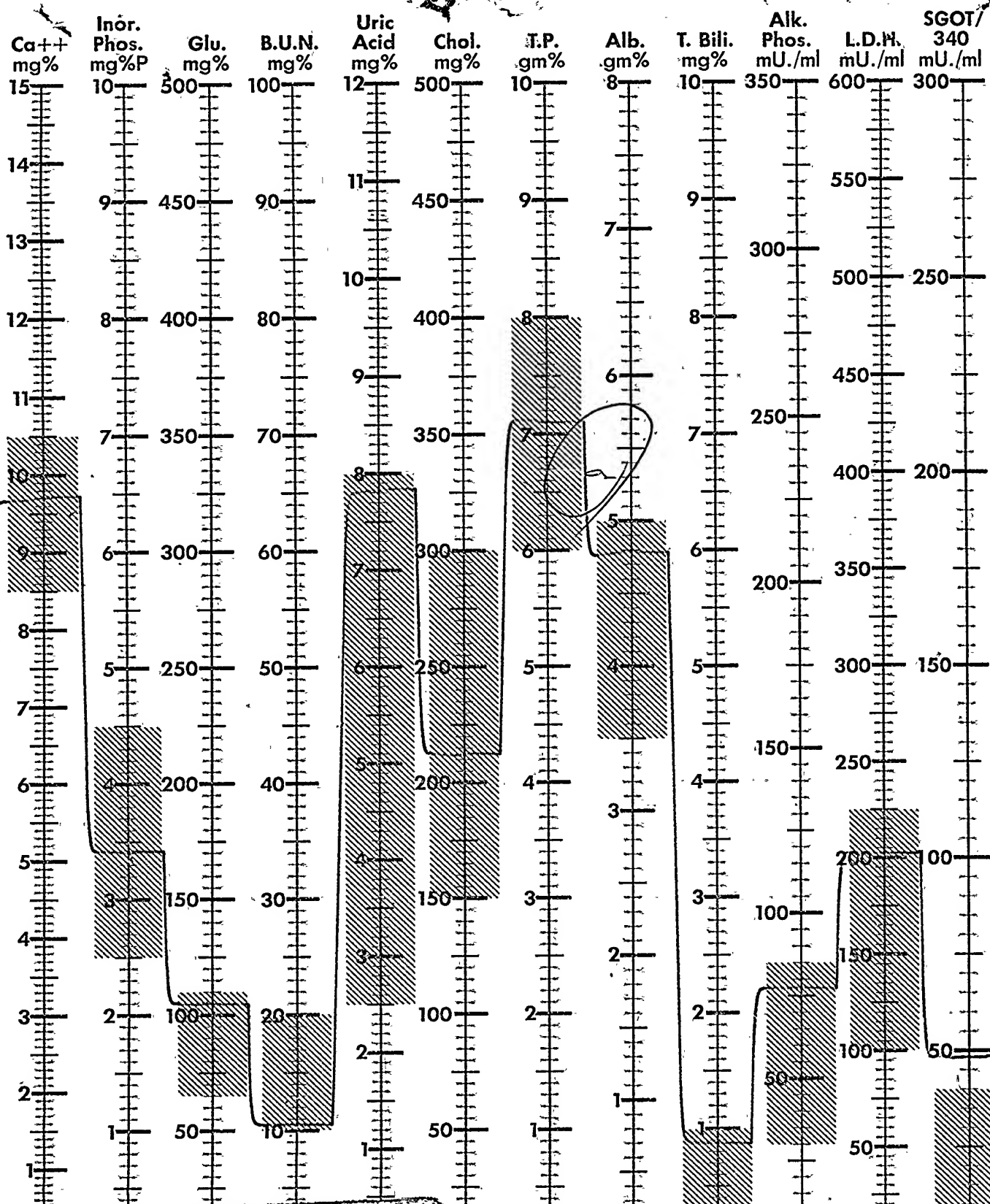
ELKAY PRODUCTS, INC.

WORCESTER, MASS.

CHART NO. LK0110019-2-B

12-60

TEAR HERE



Deegan, J.  
FBI  
Phys. Exam.  
10 AUG 1973

ENCLOSURE

67-455643-220



PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

DEEGAN, JOSEPH G.

JA - FBI

DOB 2-10-25

SS# 096-12-2131

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

REGISTER NO.

FBI

WARD NO.

Sec.

AGE 48 SEX M

(check one)

☐ BEDSIDE WHEELCHAIR OR STRETCHER

☐ BED PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

Chest

FILM NO.

RADIOGRAPHIC REPORT

DATE OF REQUEST

8/10/23

REQUESTED BY

Annex Re.  
D. Wollman

NO OLD FILMS TO COMPARE.

WHAT APPEARS TO BE OLD GRANULOMATOUS DISINTEGRATION WITH SCARRING ARISING FROM LEFT HILUM WOULD MAKE OLD FILM TO CONFIDENTLY RULE OUT

MITOTIC PROOF IN THIS AREA

SS# 096-12-2131

DATE OF REPORT

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

DeWitt Corne

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 510 A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A 32 (Rev. 1)  
RADIOGRAPHIC REPORT  
519-207

ENCLOSURE

07-455643-220

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME.

DEEGAN, JOSEPH G.

SIA-FBST.

REGISTER NO.

PHYS. EXAM. SECT, DHC

WARD NO.

F.B.T.

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR  
OR STRETCHER

☐ BED  
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

Chest

55# 090-12-213  
(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Annual Re.

FILM NO.

DATE OF REQUEST

RADIOGRAPHIC REPORT

REQUESTED BY

JOSEPH I. WOLLMAN M.D.

PA+Lat chest: Old granulomatous Disease without  
Current Significant Abnormality, unchanged from  
1971.

55# 090-12-213

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

U.R.A.M.C.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug-1964)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)  
RADIOGRAPHIC REPORT  
519-207

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee \_\_\_\_\_  
(Type or print)

DEEGAN  
Last

Joseph  
First

G.  
Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:**

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

ENCLOSURE

67-455843-1720

# 7

## DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

JOSEPH I. WOLLMAN, MD

*Joseph I. Wollman*  
 Signature of Medical Examiner

10 AUG 1973

Date

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. E. S. Miller

DATE: 5/30/73

FROM : G. C. Moore *GCM*

SUBJECT: REQUEST FOR SA JOSEPH G. DEEGAN  
TO SPEAK AT SEMINAR CONDUCTED BY  
INTERNATIONAL ASSOCIATION OF  
CHIEFS OF POLICE (IACP)  
LAS VEGAS, NEVADA

- 1 - Mr. T. J. Jenkins
- 1 - Mr. E. S. Miller
- 1 - Mr. G. C. Moore
- 1 - Mr. T. J. Smith

Mr. Felt \_\_\_\_\_  
Mr. Baker \_\_\_\_\_  
Mr. Callahan \_\_\_\_\_  
Mr. Cleveland \_\_\_\_\_  
Mr. Conrad \_\_\_\_\_  
Mr. Gebhardt \_\_\_\_\_  
Mr. Jenkins \_\_\_\_\_  
Mr. Marshall \_\_\_\_\_  
Mr. Miller/E.S. \_\_\_\_\_  
Mr. Soyars \_\_\_\_\_  
Mr. Thompson \_\_\_\_\_  
Mr. Walters \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Baise \_\_\_\_\_  
Mr. Barnes \_\_\_\_\_  
Mr. Powers \_\_\_\_\_  
Mr. Herington \_\_\_\_\_  
Mr. Conny \_\_\_\_\_  
Mr. Mintz \_\_\_\_\_  
Mr. Eardley \_\_\_\_\_  
Mrs. Hogan \_\_\_\_\_

Purpose of this memorandum is to obtain authority for SA Deegan to participate in a seminar concerning contemporary violence and police response at Las Vegas, Nevada on 6/27/73.

SA [redacted] of the Training Division advised that he was in receipt of a request from Mr. [redacted], a consultant of the IACP, for SA Deegan to address the above seminar. Mr. [redacted] pointed out that SA Deegan previously addressed a seminar conducted by IACP and he was desirous of having SA Deegan address this other group.

The seminar will be attended by police administrators, command officers, and tactical unit commanders, and it is expected that there will be 40 to 50 attendees. Those attending the seminar will be given three credit hours by Western Maryland College in connection with police science degrees. The purpose of the seminar is to motivate law enforcement officers towards thinking and planning as well as devising means to cope with the problem posed by violence-prone extremist groups in this country.

ST-102

REC-31

144-1-155 JUN 7 1973

SA Deegan is the Number One Man in the IS-1 Section and is qualified to talk about extremist, violence-prone organizations and individuals. In view of the request by IACP and in view of SA Deegan's background in these matters, it is believed he should attend the above seminar not only to assist the IACP but also to be in a position to furnish the FBI's knowledge of these organizations as well as to discuss techniques in investigating these groups.

GCM:aso (5)

CONTINUED - OVER

JUN 18 1973

PERS. REC. UNIT

Memorandum to Mr. E. S. Miller  
Re: Request for SA Joseph G. Deegan  
To Speak at Seminar Conducted by  
International Association of  
Chiefs of Police (IACP)  
Las Vegas, Nevada

RECOMMENDATION:

That approval be granted for SA Deegan to attend the  
above seminar as the Bureau's representative.

*Rec. against this  
in view of  
funds situation.  
HHS*

*EW/Deen Wm/GCM*

*NO - IN VIEW OF  
BUDGET PROBLEM  
7*

b6

*Discussed with  
[redacted] & James Stewart  
Training Div., in line  
with suggestion Mr. [redacted]  
of IACP was advised  
to contact Las Vegas  
office for a speaker  
6-6-73 JSD*

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING *apc  
above*

Name of Employee: JOSEPH G. DEEGAN

Where Assigned: Intelligence IS - 1 Section  
(Division) (Section, Unit)

Official Position Title and Grade: Special Agent, GS-15

Rating Period: from 4/1/73 to 3/31/74

ADJECTIVE RATING: EXCELLENT  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

JGD

Rated by: George C. More Section Chief 4-1-74  
Signature Title Date

Reviewed by: W. Raymond Whinnall Assistant Director 4-1-74  
Signature Title Date

Rating Approved by: Eugene W. Walsh Assistant Director APR 5 1974  
Signature Title Date

TYPE OF REPORT

☒ Official  
☒ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

REC-135

67-45504-221  
3 1974

9 APR 11 1974

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL**  
**CHECKLIST AND NARRATIVE COMMENTS**  
 (For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH G. DEEGAN

Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.
- + 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- + 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- + 5. Resourcefulness, ingenuity, and initiative.
- + 6. Forcefulness and aggressiveness as required.
- + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- + 8. Planning of work.
- + 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- + 12. Performance results (rate if applicable and mark others 0). + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting; + F. Other, such as Supervisor.  
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

During the rating period, Mr. Deegan has served as the Number One Man to the Section Chief of the IS - 1 Section of the Intelligence Division. He performs his duties in a superb manner exemplified by the high caliber of leadership he affords his subordinates. Since 2/25/74 Inspector George C. Moore (Section Chief) has been on extended sick leave and Mr. Deegan has been running the Section, making the necessary judgment decisions in an exemplary manner. He has an outstanding attitude and consistently displays his capacity to supervise and coordinate matters of the most complicated and complex nature with a bare minimum of supervision. He is dedicated and loyal throughout to the work of the FBI and his work is of the highest quality.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneA. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ NoB. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, accountant, or as Resident Agent, supervisor, instructor, etc.):

Number One Man to Section ChiefADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS JCD



(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert

0 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.

During rating period developed \_\_\_\_\_ informants; \_\_\_\_\_ potential informants.

+ 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

\_\_\_\_\_ A. Reports; + B. Memos, letters, wires.

E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

+ 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

+ A. Leadership

+ B. Ability to handle personnel

+ C. Making decisions

+ D. Assignment of work

+ E. Training subordinates

+ F. Devising procedures

+ G. Promoting high morale

+ H. Getting results

+ I. Furthering equal employment opportunity

N/A 18. Raids and dangerous assignments; \_\_\_\_\_ A. As leader; \_\_\_\_\_ B. As participant.

+ 19. Miscellaneous. Specify and rate:

+ Dictation; \_\_\_\_\_ Applicant recruitment; \_\_\_\_\_ Other \_\_\_\_\_

N/A 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

21. Foreign Language Ability: Proficient in N/A language(s).

Can handle typical investigative problems as follows:

A. Conversation form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency \_\_\_\_\_ language ability used during rating period \_\_\_\_\_

Anticipated use during ensuing year \_\_\_\_\_

C. Completed Bureau Language School ☐ No ☐ Yes \_\_\_\_\_ Specify language(s) \_\_\_\_\_

22. Administrative Advancement: ☐ (Check block if not interested.)

A. ☒ Yes ☐ No Agent is completely available for administrative advancement.

B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☒ Outstanding

Explain if interested but not now qualified.

23. Number of Incentive Awards 1

Commendations received from Director: Individual: 0 Through Superior 0

Suggestions submitted 0

If none, check block ☐

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None  
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS JCP

TO: Director, FBI

FROM:

CERTIFICATION

TO BE FILLED IN BY OPERATOR	Name of Operator (Print - Last, First, Middle Initial) <b>DEEGAN, JOSEPH G.</b>		Date <b>3/29/74</b>
	Local Address <b>7403 Fairwood Lane Falls Church, Virginia 22046</b>		
	Division and Section Assigned <b>Intelligence IS-1 Section</b>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
	This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows:		
	Permit Issued By: <b>Virginia</b> <b>D05165-78301-631463</b>		<b>2/28/75</b>
	(State, Territory Possession, District) Permit Number Permit Expires		
	This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
	<input type="checkbox"/> Corrective lenses are required for driving <input type="checkbox"/> Yes <input type="checkbox"/> No		
	This further certifies that during the past three years I have driven a motor vehicle (government or personally owned) approximately <b>32,000</b> miles. During this time (a) I <input type="checkbox"/> have <input type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.		
	* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.		<b>Joseph G. Deegan</b> Signature of Operator
TO BE FILLED IN BY REVIEWING OFFICIAL	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:		
	<input checked="" type="checkbox"/> Continuous safe driving record		
	<input type="checkbox"/> Involved in traffic accident and found at fault**		
	I certify that this employee is:		
	<input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business		
	<input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business		
	Remarks:		
	<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46		
	<b>67-NOT RECORDED</b> <b>9 APR 5 1974</b> <b>73</b>		
	** "At fault" means any case in which the Bureau has taken disciplinary administrative action against the employee. (Over for Operator's Road Test Score Sheet)		<b>George C. Mendenhall</b> Official Signature of Reviewing Official Title <b>Section Chief</b> Date <b>4-1-74</b>

# RESULTS OF ROAD TEST

Vehicle Used in Test:				Locale of Test	
Make	Body Type	Year		City	State
Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Date	Time	Examiner's Signature	
<b>Instructions to Examiner</b> Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.				<b>TEST SCORE</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
<b>PASSING GRADE: Total Score of 25 Points or Less</b> <b>FAILING GRADE: Total Score of 26 Points or More</b> <b>Note Results in Box at Right of Instruction Block</b>				Total Error Points Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
<b>Check List</b>					
<b>1. Checking Vehicle</b> Fails to: <input type="checkbox"/> — Adjust Rear-view Mirror <input type="checkbox"/> — Adjust Seat Properly <input type="checkbox"/> — Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> — Check Windshield Wipers <input type="checkbox"/> — Check Horn and All Lights			<b>2. Leaving Curb</b> Fails to: <input type="checkbox"/> — Look Back to Check Traffic <input type="checkbox"/> — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> — Wait for Approaching Traffic		
# of Points			# of Points		
<b>3. Turning</b> Fails to: <input type="checkbox"/> — Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> — Turn Carefully From Proper Lane			<b>4. Backing</b> Fails to: <input type="checkbox"/> — Observe Surrounding Conditions <input type="checkbox"/> — Back Slowly and Smoothly and Avoid Excessive Curb Contact		
# of Points			# of Points		
<b>5. Controls</b> Fails to: <input type="checkbox"/> — Handle Vehicle Smoothly <input type="checkbox"/> — Keep Both Hands on Wheel <input type="checkbox"/> — Smoothly Engage Shifting Mechanism <input type="checkbox"/> — Use Brakes Properly			<b>6. Speed</b> <input type="checkbox"/> — Exceeds Limit <input type="checkbox"/> — Too Slow for Traffic Conditions <input type="checkbox"/> — Too Fast for Traffic Conditions		
# of Points			# of Points		
<b>7. Position on Roadway</b> <input type="checkbox"/> — Follows too Closely <input type="checkbox"/> — Fails to Hold Proper Lane <input type="checkbox"/> — Straddles Lane Markings			<b>8. Overtaking - Passing</b> <input type="checkbox"/> — Misjudges Speed of Oncoming Traffic <input type="checkbox"/> — Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> — Cuts in too Soon <input type="checkbox"/> — Fails to Signal (Hand, Light, Horn) When Conditions Warrant		
# of Points			# of Points		
<b>9. Parking</b> Fails to: <input type="checkbox"/> — Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input type="checkbox"/> — Set Hand Brake <input type="checkbox"/> — Cramp Wheels Where Necessary			<b>10. Railroad and School Zones</b> Fails to: <input type="checkbox"/> — Obey Signals and Caution Warnings <input type="checkbox"/> — Be Alert for Unusual Conditions		
# of Points			# of Points		
<b>11. Attention</b> Fails to: <input type="checkbox"/> — Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> — Keep Full Attention on Operation of Car <input type="checkbox"/> — Limit Talking to Minimum <input type="checkbox"/> — Observe Posted Signs or Signals			<b>12. General</b> <input type="checkbox"/> — Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> — Lack of Caution <input type="checkbox"/> — Timidity or Lack of Assurance Under Normal Driving Conditions		
# of Points			# of Points		
Remarks:					

UNITED STATES GOVERNMENT

# Memorandum

(SUBMIT IN DUPLICATE)

TO : Director, FBI

DATE: 3/4/74

FROM : SA Joseph G. Deegan  
Social Security Number 090-12-2131  
Office of assignment FBIHQ - Div. 5  
SUBJECT: OFFICES OF PREFERENCE

Attention: 1. Movement Unit

2. Data Processing Section

Please list my offices of preference as follows:

1. FBIHQ 3940
2. \_\_\_\_\_
3. \_\_\_\_\_

67-NOT RECORDED  
2 MAR 19 1974

MAR 15 1974

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 2/20/74

I certify that I have ☒ received ☒ returned the following Government property for official use:

DEFENSE PLANS (BUPLANS) MANUAL #120

*[Handwritten signature]*

FILE  
3/

*[Handwritten signature]*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

*[Handwritten signature: Joseph G. Deegan]*

(Typed name)

Joseph G. Deegan

67-NOT RECORDED

9 FEB 27 1974

62

November 28, 1973

AIRMAIL

Commissioner L. M. Clark  
Police Headquarters  
Prospect, Bermuda

Dear Commissioner Clark:

Your letter was received on November 23rd and it was certainly kind of you to comment as you did regarding the assistance furnished your service by Special Agents [redacted] and Deegan. Your generous remarks are very much appreciated and I know they join me in thanking you for your thoughtfulness in writing. The FBI is always happy to be of help in matters of mutual interest.

Sincerely yours,

Clarence M. Kelley  
Director

- 1 - Newark - Enclosure  
Personal Attention SAC: Bring to the attention of SA [redacted].
- 1 - Mr. Miller - Enclosure  
Personal Attention: Bring to the attention of SA Joseph G. Deegan.
- ① - Personnel File of SA Joseph G. Deegan - Enclosure
- 1 - Personnel File of SA [redacted] - Enclosure

NOTE: Correspondent is not identifiable in Bufiles.

mhb:dlw (7)

DUPLICATE YELLOW

8 DEC 3 1973

134

SR. SF 32/5

The Hon. C. M. Kelley,  
Director,  
Federal Bureau of Investigation,  
Washington D.C. 20535.

Dear Director Kelley,

I have been informed of the exceptionally fine co-operation and assistance rendered to this Police service by you and the members of your Bureau in planning and executing a security operation which was of considerable value to Bermuda.

Particular mention was made of the devoted and skillful help by Inspector Joe Diggan and Agent  b6

It is a great pleasure to know of your cordial aid and I wish to extend to you and the members of your Bureau my sincerest gratitude for your assistance on this occasion.

POLICE HEADQUARTERS  
PROSPECT, BERMUDA

Sincerely yours,



L. M. Clark  
Commissioner of Police

LMC/plw

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date

10/29/73

I certify that I have ☐ received ☒ returned the following Government property for official use:

# 10171-DAKR

FILE

8/

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

Joseph G. Deegan

(Typed name)

Joseph G. Deegan

67-10171-1  
5 OCT 31 1973

92



# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE  DEEGAN JOSEPH G	SOCIAL SECURITY NUMBER  090-12-2131
--	---

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892--QUALITY INCREASE	<input type="checkbox"/> 896--ADMIN. PAY INCREASE	9/ 2/73	9/ 5/71
<input checked="" type="checkbox"/> 893--WITHIN GRADE INCREASE	<input type="checkbox"/> 897--ADMIN. PAY DECREASE		
<input type="checkbox"/> 894--PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY
GS-15	STEP 5	\$29,589.00	\$30,486.00

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	<i>JM</i>

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
20 SEP 20 1973

9/ 2/73  
(DATE)

DIRECTOR  
FEDERAL BUREAU OF INVESTIGATION

PERSONNEL FILE COPY

## EMPLOYMENT AGREEMENT

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

(1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;

(2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;

(3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;

(4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

Joseph J. Beegan  
(Signature)

Witnessed and accepted in behalf of the Director, FBI, on

Aug 27, 1973

35

by

George C. Moore  
(Signature)

3cqw

3/27/73

UNITED STATES GOVERNMENT

# Memorandum

NOTE: Submit original and no more copies than number of employees listed.

1 - Mr. W. R. Wann  
1 - Mr. E. W. Wal

DATE: 6/3/74

Attention: Personnel Section

1 - Mr. G. C. Moore

FROM : G. C. Moore

SUBJECT: RECOMMENDATION FOR INCENTIVE AWARD

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

Name(s)	Assigned	EOD	Grade	Salary
JOSEPH G. DEEGAN	Intelligence Division, FBIHQ	1/29/51 as Special Agent	GS-15	\$32,031

BASIS for this recommendation is as follows: (Check one or more as facts justify.)

- ☐ 1. Performance which has involved the overcoming of unusual difficulties. (List specific obstacles, problems, hardships, sacrifices, etc., as well as unusual investigative techniques utilized with results achieved, setting forth precisely how employee overcame obstacles, etc.)
- ☐ 2. Creative efforts, which have increased efficiency, or improved the service. (Describe in detail listing benefits and/or savings resulting.)
- ☐ 3. Performance of assigned duties, with special effort or innovation that results in significant economies or other highly desirable benefits. (Detail efforts or innovation as well as end results.)
- ☐ 4. Performance of assigned tasks so that one or more important job requirement significantly exceeded. (Set forth specific job requirements and how exceeded.)
- ☐ 5. Exemplary or courageous handling of an emergency situation in connection with or related to official employment. (Describe in detail, listing specific risks or dangers involved and results achieved.)
- ☒ 6. Sustained above-average performance for a minimum of 6 months that merits recognition. (Point out specifically how performance is considered superior. Use examples and illustrations wherever possible. In addition to results attained advise what employee has done to achieve outstanding results.)

JUSTIFICATION: (Set forth below, and attach supplemental page(s) as necessary, a clear, concise report of employee's performance in justification of award. Be specific and omit generalities. Give facts, not conclusions. Not only advise what was accomplished, but how it was accomplished, placing emphasis on performance. Remember that these justifications must be adequate. They may be subject to post-audit outside the Bureau but do not withhold information for security reasons since neither this form nor any confidential information will be made available outside the Bureau for such post-audits.)

Case caption if applicable:

REC-143

67-455043-222

Search 10 JUL 12 1974

During the past year SA Joseph G. Deegan's performance as Number One Man of the IS-1 Section of the Intelligence Division has been exemplary and such as to warrant an incentive award because of sustained above-average performance.

Especially noteworthy has been Mr. Deegan's performance from 2/23/74 until 5/22/74 (3 months) while the Section Chief was absent

GCM:crk

CONTINUED OVER

(4) Enclosures - letter sent 6/7/74 per

SEE ADDENDUM ADMINISTRATIVE DIVISION - PAGE 2a

OVER

Memorandum to Mr. W. R. Wannall  
RE: JOSEPH G. DEEGAN  
RECOMMENDATION FOR INCENTIVE AWARD

because of illness and Mr. Deegan had to assume full responsibility for operating the Section, which he did in an admirable fashion.

During this time as Acting Section Chief, Mr. Deegan was responsible for coordination of a wide variety of extremist matters and attendant problems which seem to become more frequent in this area, mainly because of increased activity on the part of those who are dedicated to having the FBI discontinue all internal security investigations. These activities have included civil suits, as well as attacks through the media.

In addition, Mr. Deegan was able to organize and correlate a weeks training program at Quantico of police instructors who will be handling this year's annual law enforcement conferences with emphasis on domestic terrorism.

In the absence of the Section Chief, Mr. Deegan represented the FBI before a "Symposium on Terrorism" held 4/30 - 5/1/74 at the World Trade Center, New York City, and attended by representatives of some of the most important multinational corporations in this country. As a result of this conference, at which he made a splendid presentation, Mr. Deegan has suggested a program whereby the FBI can assist in acquainting other key business leaders as to the terrorist problem as it affects business in order that adequate protective measures can be instituted by them. This recommendation, approved by the Director, is in the process of being implemented.

All in all, Mr. Deegan in his capacity of Number One Man has played a major role in coordinating supervision of extremist elements and informant programs within the Section. His outstanding work in this regard is certainly worthy of recognition in the form of an incentive award.

ADDENDUM OF THE ADMINISTRATIVE DIVISION

*for* GOW:bla *lla* 6-4-74

Administrative Division concurs with recommendation of Intelligence Division that incentive award merited for SA Deegan for his sustained above-average performance over the past year.

File reviewed and no reason noted therein to preclude recommended recognition.

RECOMMENDATION:

That SA Joseph G. Deegan be awarded an incentive award in the amount of \$150.00.

Appropriate letter attached.

6-7-74

*RGH*  
*MP*

*EW*  
*MP*

*NPC*  
*Wes*

Assoc. Dir.	_____
Dep. AD Adm.	_____
Dep. AD Inv.	_____
Asst. Dir.:	_____
Admin.	_____
Comp. Syst.	_____
Ext. Affairs	_____
Files & Com.	_____
Gen. Inv.	_____
Ident.	_____
Inspection	_____
Intell.	_____
Laboratory	_____
Plan. & Eval.	_____
Spec. Inv.	_____
Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

July 23, 1974

Mr. Clarence M. Kelley  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Kelley:

We are having a retirement party for Mr. George C. Moore, Section Chief, IS-1 Section, Intelligence Division, at Blackie's House of Beef, 22nd and M Street, N. W., Monday, July 29, at 6:30 p.m. There will be cocktails and then a dinner. We are limiting this to about fifty people. In the event your schedule permits, your presence would be most welcome.

Sincerely,

*Joe Deegan*  
Joseph G. Deegan  
(Coordinator for Retirement  
Party, Room 616, 9&D  
Building, Extension 2366)

REC-137

67-455043-223  
10 AUG 5 1974

*ms. adm*  
*Regrets pls.*

8 AUG 8 1974  
69  
*done*  
*7-29-74*  
*adm*

*18*  
*10-15-74*  
*THREE*

**PERSONAL**

84 + AUG 7 1970

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. CALLAHAN

DATE: 7-31-74

FROM : J. B. ADAMS *JBA*

SUBJECT: PERSONNEL CHANGES

*[Handwritten initials]*  
Assoc. Dir. ☒  
Dep. AD Adm. ☒  
Dep. AD Inv. ☒  
Asst. Dir. ☒  
Adm. ☒  
Comp. Syst. ☒  
Ext. Affairs ☒  
Files & Com. ☒  
Gen. Inv. ☒  
Ident. ☒  
Inspection ☒  
Intell. ☒  
Laboratory ☒  
Plan. & Eval. ☒  
Spec. Inv. ☒  
Training ☒  
Legal Coun. ☒  
Telephone Rm. ☒  
Director Sec'y ☒

With the retirement of Section Chief George C. Moore, Internal Security Branch, Section IS-1, Intelligence Division, effective 7-31-74, a vacancy will exist in the position of Section Chief of the IS-1 Section. The purpose of this memorandum is to recommend Joseph G. Deegan, currently No. 1 Man of this Section, to fill this vacancy.

SA Deegan entered on duty 1-29-51. He is married, with 6 children, age 49, and is in Grade GS-15. He served in 4 field offices prior to being assigned to the Intelligence Division (formerly Domestic Intelligence Division) on 8-19-64. He has been continuously assigned to that division since that time. He supervised the unit which handles investigations of klan organizations and racial informant matters from 12-5-66 until he was designated No. 1 Man of the Extremist Intelligence Section, his current position, on 6-24-72. On 6-7-74 he received an incentive award for his outstanding supervision in this position. He was rated Excellent on his last annual performance rating. Assistant Director Wannall highly recommends SA Deegan for the position of Section Chief, stating he has done an excellent job in his present position and upon several occasions, the most recent being from 2-25-74 until 5-23-74 while Mr. Moore was on extended sick leave, has served as Section Chief. He did an outstanding job and demonstrated his ability to handle this position in a very competent manner. Also, Mr. Wannall stated he has considered ASACs in the field who have previously had experience in this area and none at the present time are as well qualified as SA Deegan.

## RECOMMENDATION:

That SA Joseph G. Deegan be designated Section Chief of the IS-1 Section, Internal Security Branch, Intelligence Division, at no change in grade or salary.

Enc.  
JBA:pmd  
(2)

PERMANENT BRIEF OF PERSONNEL FILE OF SA DEEGAN ATTACHED.

0 AUG 13 1974  
*28*

*Letter prep 8-1-74*  
67-149000-3847  
8 AUG 1974  
REC-157  
*[Handwritten signatures and initials]*



# NOTIFICATION OF PERSONNEL ACTION FEDERAL BUREAU OF INVESTIGATION

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>DEGAN JOSEPH G</b>		MR.-MISS-MRS. <b>MR</b>		2. (FOR AGENCY USE)		3. BIRTH DATE <b>02-10-25</b>		4. SOCIAL SECURITY NO. <b>090-12-2131</b>	
5. VETERAN PREFERENCE <b>2</b> 1-NO 2-5 PT. 3-10 PT. DISAB. 4-10 PT. COMP. 5-10 PT. OTHER				6. TENURE GROUP <b>1</b>		7. SERVICE COMR DATE			
9. FEGLI <b>4</b> 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)				10. RETIREMENT <b>1</b> 1-CS 2-FICA 3-FS 4-NONE 5-OTHER		11. (FOR CSC USE)			
12. CODE NATURE OF ACTION <b>721 REASSIGNMENT</b>				13. EFFECTIVE DATE <b>08-01-74</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>			
15. FROM: POSITION TITLE AND NUMBER <b>SUPERVISORY SPECIAL AGENT 61-F-114 160</b>				16. PAY PLAN AND OCCUPATION CODE <b>GS SERIES 1811</b>		17. GRADE OR LEVEL <b>15</b>		18. SALARY <b>\$32031 PA</b>	
19. NAME AND LOCATION OF EMPLOYING OFFICE									
20. TO: POSITION TITLE AND NUMBER <b>SUPERVISORY SPECIAL AGENT (CHIEF OF THE TR-1 SECTION) 61-F-114 160</b>				21. PAY PLAN AND OCCUPATION CODE <b>GS SERIES 1811</b>		22. GRADE OR LEVEL <b>15</b>		23. SALARY <b>\$32031 PA</b>	
24. NAME AND LOCATION OF EMPLOYING OFFICE									
25. DUTY STATION (City-county-State)								26. LOCATION CODE	
27. APPROPRIATION <b>S. &amp; E., FBI</b>				28. POSITION OCCUPIED 1-COMPETITIVE SERVICE <b>2</b> 2-EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: 1-PROVED-1 2-WAIVED-2 TO: STATE			
30. REMARKS: <div style="display: flex; justify-content: space-between;"> <div> <p>A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____</p> <p>B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____</p> <p>SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE.</p> </div> <div> <p>C. DURING PROBATION</p> </div> </div>									
<div style="border: 2px solid black; padding: 5px; width: fit-content;"> <b>67-NOT RECORDED</b>  <b>15 AUG 12 1974</b> </div>									
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)					34. SIGNATURE (Or other authentication) AND TITLE <i>cm Kelley</i>				
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)					35. DATE <i>3/1/74</i>				
EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535									

June 7, 1974

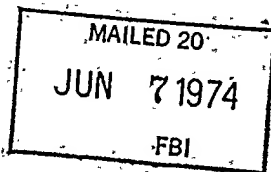
PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

It is with great pleasure that I commend you for your outstanding supervisory efforts over the past year in the Intelligence Division. In addition, I have afforded you an incentive award in the amount of \$150.00 and the enclosed check is representative of this award.

In carrying out your responsibilities, you demonstrated exceptional competence, resourcefulness and good judgment, particularly in coordinating a wide variety of security matters. You have been a vital asset to your division and to the Bureau and you may be certain of my profound thanks for the high caliber of your services.



Sincerely yours,

C. M. Kelley

Clarence M. Kelley  
Director

Enclosure

1 - Mr. Wannall (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Mrs. Randolph (Sent Direct)

LRG (5) 67-455043 Award #1815-74

Based on FD-255 Moore-Wannall 6-3-74 and addendum Administrative Division 6-4-74 re Joseph G. Deegan; Recommendation for Incentive Award:

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec. \_\_\_\_\_

JUN 8 1974

RCB  
RP

MAIL ROOM ☒

TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO Mr. Walsh *RYH*  
FROM R. G. Hunsinger *gm7*

DATE: 8-16-74

SUBJECT SA JOSEPH G. DEEGAN  
Chief: IS-1 Section  
Intelligence Division  
EOD 1-29-51; GS-15, \$32,031  
Age 49, Married, 6 Children, Veteran

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

On 8-1-74, Mr. Deegan was designated Chief of the IS-1 Section in the Intelligence Division. The following is a summary of his record.

He entered on duty 1-29-51, and had field assignments at Indianapolis, Detroit and New York. On 6-4-56, he was initially assigned to the Domestic Intelligence Division and supervised investigations in the Soviet nationality field. On 11-19-58, he reported to the New Orleans Office and also served in the Monroe, Louisiana Resident Agency. On 2-12-62 he was again transferred to New York, on an office of preference basis and while there was designated a Relief Supervisor. On 2-16-64, he reported to the General Investigative Division and served in the Civil Rights Section until again transferred to the Domestic Intelligence Division on 8-19-64. He supervised cases in the Internal Security Section, served as a Supervisor-in-Charge of 2 Units and on 6-24-72, was designated #1 Man of the Extremist Intelligence Section. From 2/23 to 5/22/74, he acted in the capacity of the Chief of Section IS-1 while he was on leave due to illness. On 8-1-74, Mr. Deegan was designated Chief of the IS-1 Section at no change in grade or salary. He has been in Grade GS-15 since 9-8-68. His services were rated EXCELLENT on 3-31-74. b6  
b7C

He has been COMMENDED on 20 occasions, the last on 4-12-72, through Mr. Bates for his assistance in the investigation involving [redacted] the subject of a Crime Aboard Aircraft case. He has been CENSURED 3 times, the last on 12-19-69 for an error in a communication. He has received 7 INCENTIVE AWARDS, all since assigned to the Intelligence Division. The most recent dated 6-7-74, in the amount of \$150 cited his outstanding supervisory efforts during the past year which included his services as #1 Man and for the 3 months he acted in the capacity of Chief of the IS-1 Section.

By letter 1-29-71, he received his 20-Year Service Award Key. He is in his office of preference. He is considered to have outstanding qualifications for advancement. b6

His Sister, [redacted] is a former employee of the New York Office where she served from [redacted] to [redacted]. Her services were satisfactory.

ENCLOSURES - 2 (Photograph & Cover Page of Permanent Brief)

LLD:mak (2)

Assoc. Dir.	_____
Dep.-A.D.-Adm.	_____
Dep.-A.D.-Inv.	_____
Asst. Dir.:	
Admin.	_____
Comp. Syst.	_____
Ext. Affairs	_____
Files & Com.	_____
Gen. Inv.	_____
Ident.	_____
Inspection	_____
Intell.	_____
Laboratory	_____
Plan. & Eval.	_____
Spec. Inv.	_____
Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

2 45 pm  
8/19/74  
confirmed  
with Mr.  
Deegan  
adms

August 2, 1974

Mr. Clarence M. Kelley  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Kelley:

I am in receipt of your letter dated August 1, 1974,  
appointing me as Section Chief of the IS-1 Section of the  
Intelligence Division.

I am very pleased with this appointment and you  
can be assured that I will do my utmost to fulfill my duties  
as Section Chief.

In the event your schedule permits, I would appreciate  
it very much if I could have an appointment to see you in order  
to offer my personal thanks.

Thank you very much.

REC-143

67-455043-226

Respectfully AUG 23 1974

Joseph G. Deegan  
Joseph G. Deegan

Copy made for Tele. Rm.

8/5/74 gms

EXP. PROC.

AUG 5 1974

9 AUG 26 1974  
93

B&C  
8/12/74  
ph

Shirley  
THREE

8-19-74

Mr. Deegan:

Please keep this Unit advised regarding  
Government doctor's recommendation.

Thanks!

Will follow  
8-23-74  
sls

FWP  
10-11-74  
sls

ICP

Physical Unit

Room 5517 - Ext: 3478

JP

REPORT OF MEDICAL EXAMINATION

FBI

DN.5

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN, JOSEPH G.</b>			2. GRADE AND COMPONENT OR POSITION <b>Sgt.</b>		3. IDENTIFICATION NUMBER <b>090-12-2131</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION <b>ANNUAL</b>		6. DATE OF EXAMINATION <b>28/6/74</b>	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>10 FEB 25</b>		13. PLACE OF BIRTH <b>NY</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NMC</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

**HIGH SAT 75**  
**uric acid - 9.4**  
**creatinine - 1.0**  
**glucose - 107**  
**CHOL - 200**  
**TRIG - 160**  
**39. - Int Syst @ in LL position**  
**30. - H.V.D. dynamic significant,**  
**high Rx**  
**NCD**  
**REC-139**  
**67-455043-227**  
**Numbered**  
**2 AUG 26 1974**

ENCLOSURE

3/26

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																																																																																									
<table border="0"><tr><td>0 32 31 30</td><td>1 32 31 30</td><td>2 32 31 30</td><td>3 32 31 30</td><td>4 32 31 30</td><td>5 32 31 30</td><td>6 32 31 30</td><td>7 32 31 30</td><td>8 32 31 30</td><td>9 32 31 30</td><td>10 32 31 30</td><td>11 32 31 30</td><td>12 32 31 30</td><td>13 32 31 30</td><td>14 32 31 30</td><td>15 32 31 30</td><td>16 32 31 30</td><td>17 32 31 30</td></tr><tr><td colspan="18"><table border="0"><tr><td>Restorable teeth</td><td>Non-restorable teeth</td><td>Missing teeth</td><td>Replaced by dentures</td><td>Fixed Partial dentures</td><td colspan="13"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="13"></td></tr></table></td></tr></table>																		0 32 31 30	1 32 31 30	2 32 31 30	3 32 31 30	4 32 31 30	5 32 31 30	6 32 31 30	7 32 31 30	8 32 31 30	9 32 31 30	10 32 31 30	11 32 31 30	12 32 31 30	13 32 31 30	14 32 31 30	15 32 31 30	16 32 31 30	17 32 31 30	<table border="0"><tr><td>Restorable teeth</td><td>Non-restorable teeth</td><td>Missing teeth</td><td>Replaced by dentures</td><td>Fixed Partial dentures</td><td colspan="13"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="13"></td></tr></table>																		Restorable teeth	Non-restorable teeth	Missing teeth	Replaced by dentures	Fixed Partial dentures														<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													
0 32 31 30	1 32 31 30	2 32 31 30	3 32 31 30	4 32 31 30	5 32 31 30	6 32 31 30	7 32 31 30	8 32 31 30	9 32 31 30	10 32 31 30	11 32 31 30	12 32 31 30	13 32 31 30	14 32 31 30	15 32 31 30	16 32 31 30	17 32 31 30																																																																								
<table border="0"><tr><td>Restorable teeth</td><td>Non-restorable teeth</td><td>Missing teeth</td><td>Replaced by dentures</td><td>Fixed Partial dentures</td><td colspan="13"></td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td colspan="13"></td></tr></table>																		Restorable teeth	Non-restorable teeth	Missing teeth	Replaced by dentures	Fixed Partial dentures														<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																	
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																					

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  
**Type III**  
**Class I**  
**NCD**

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.007</b>				46. CHEST X-RAY (Place, date, film number and result) <b>SEE REPORT</b>			
B. ALBUMIN <b>NEG</b>		D. MICROSCOPIC <b>ESS - NEG</b>		47. SEROLOGY (Specify test used and result) <b>2 AUG 27 1974</b>			
C. SUGAR <b>NEG</b>		48. BLOOD TYPE AND RH FACTOR <b>NEG</b>		50. OTHER TESTS <b>FTA-ABS NEG REACT</b>			

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6'1"		52. WEIGHT 188		53. COLOR HAIR Brown		54. COLOR EYES Hazel		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE			
57. BLOOD PRESSURE (Arm at heart level) A. SITTING SYS. 130 DIAS. 80 B. RECUMBENT SYS. DIAS. C. STANDING (3 min.) SYS. DIAS. 92						58. PULSE (Arm at heart level) A. SITTING 92 B. AFTER EXERCISE C. 2 MIN. AFTER D. RECUMBENT E. AFTER STANDING (3 MIN.)									
59. DISTANT VISION RIGHT 20/ 20 CORR. TO 20/ LEFT 20/ 20 CORR. TO 20/				60. REFRACTION BY S. CX BY S. CX				61. NEAR VISION 20/40 CORR. TO 20/50 CORR. TO							
62. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD															
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) N/A				65. DEPTH PERCEPTION (Test used and score)				66. FIELD OF VISION			
67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION							
70. HEARING RIGHT WV /15 SV /15 LEFT WV 15 /15 SV 15 /15				71. AUDIOMETER 250 500 1000 2000 3000 4000 6000 8000 156 312 625 1250 2500 5000 10000 20000 RIGHT LEFT								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

HVD on Rx by P.M.D.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) TO SEE POT DR. FOR HIGH URIC-ACID						76. A. PHYSICAL PROFILE P U L H E S					
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY A B C D E					
78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE R. Chang					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE R. Chang					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) R. Chang LCDR NGDS Beth						SIGNATURE R. Chang					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE R. Chang					
						NUMBER OF ATTACHED SHEETS					

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

DEE CAN, JOSEPH E.  
#2

REGISTER NO.

FBI Phys. Exam Sect.

WARD NO.

AGE 49 SEX M

(Check one)

☐ BEDSIDE, WHEELCHAIR OR STRETCHER

☐ BED PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

PA + LAT CHEST

DOB 10-FEB-25

S.A.  
FBI

(Leave space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILE NO.

67-490-12-237

DATE OF REQUEST

8/6/74

REQUESTED BY

ANNUAL P.E.

HEALEY

CHEST: The heart and mediastinum are normal. The lungs are fully expanded and show evidence of old, healed granulomatous disease. The visible bony thorax is normal.

IMPRESSION: Healthy chest.

E. GARNIL  
LCDR MC USN  
geh 8-7-74

F.B.I.

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519 A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A 32 (Rev.)  
RADIOGRAPHIC REPORT  
519-207

ENCLOSURE 67-455043-227  
JCP



**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

DEE GAN  
Last

JOSEPH  
First

E  
Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:**

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis: \_\_\_\_\_

ENCLOSURE

67-455043-227

# DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

Signature of Medical Examiner

Date

UNITED STATES GOVERNMENT

# Memorandum

1-Administrative Division  
1-Mr. W. R. Wannall

TO : Mr. W. R. Wannall *Wannall*

DATE: 11/4/74

FROM : Mr. P. L. Mack *PLM*

SUBJECT: SA JOSEPH G. DEEGAN  
SPECIAL AGENT SUPERVISOR - SECTION CHIEF  
IS-1 Section - Intelligence Division (INTD)  
EOD 1/29/51, GS-15, \$32,031  
PROMOTION MATTER

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
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Gen. Inv. \_\_\_\_\_  
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Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

This recommends SA Joseph G. Deegan be reallocated to Grade GS-16.

SA Deegan is currently assigned as Section Chief, IS-1 Section, INTD. He entered on duty 1/29/51; is married with six children, and holds Bachelor of Arts degree from St. Frances College, Brooklyn, New York. He served in the Indianapolis, Detroit, and New York Offices prior to reporting to the Intelligence Division (then the Domestic Intelligence Division) on 6/4/56 where he supervised investigations in the Soviet field. On 11/19/58, following reduction in force of Headquarters supervisory personnel, he reported to the New Orleans Office and later was assigned to the Monroe, Louisiana, Resident Agency. On 2/12/62 he reported to the New York Office on an office of preference transfer and later was designated a relief supervisor. He was transferred to the General Investigative Division and served in the Civil Rights Section from 2/17/64 to 8/19/64, when he was assigned to the Internal Security Section of the Domestic Intelligence Division. He served as supervisor-in-charge of two units in that Division and on 6/24/72 was designated Number One Man of the Extremist Intelligence Section. He functioned in the capacity of chief of that Section from 2/23/74 to 5/22/74, in the absence of the Section Chief due to illness. On 8/1/74 he was designated Chief of the IS-1 Section. He has been in Grade GS-15 since 9/8/68.

REC-134

67-433043-228

He was rated excellent on his last performance rating and there have been no substantial changes since that time. He has performed his duties as Section Chief in a highly effective manner. He possesses a broad knowledge of Bureau policies and procedures; is intimately familiar with the specialized area of his responsibilities and has those necessary qualities of leadership and intelligence so essential to handling the position of Section Chief.

PLM:enm

(3)

5 NOV 13 1974

CONTINUED - OVER

3-R6H

Memorandum to Mr. W. R. Wannall  
Re: SA Joseph G. Deegan  
Special Agent Supervisor - Section Chief  
IS-1 Section - Intelligence Division (INTD)  
EOD 1/29/51, GS-15, \$32,031  
PROMOTION MATTER

Based on the above, SA Deegan should be reallocated to GS-16, which is commensurate with his current duties and responsibilities.

RECOMMENDATION:

That SA Joseph G. Deegan be reallocated to Grade GS-16 at earliest possible time.

*noted  
NPC  
JG*

*grs  
wkw*

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 10/18/74

I certify that I have ☒ received ☐ returned the following Government property for official use:

Key 4-P Room # 4092 ; Hook #1

FILE

3/ *HP*

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

67-DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY. **RECORDED**  
1 APR 25 1975

Very truly yours,

(Signature)

*Joseph G. Deegan*

(Typed name)

JOS. G. DEEGAN

Special Agent

October 29, 1974

Mr. [redacted]  
Probe International, Incorporated  
Post Office Box 3364  
Stanford, Connecticut 06905

Dear Mr. [redacted]:

Your recent letter concerning the speeches on terrorism given by Special Agents Joseph G. Deegan and William H. Atkinson at meetings sponsored by your organization and the World Trade Institute was received on October 4th and I certainly appreciate your generous comments concerning my associates. I am happy to hear their presentations were so well received and I know they will share my gratitude for your kind remarks.

Sincerely yours,

Clarence M. Kelley  
Director

- 1 - New Haven - Enclosure
- 1 - Mr. Wannall - Enclosure
- Personal Attention: Bring to the attention of  
SAs Joseph G. Deegan and William H. Atkinson.
- ① - Personnel File of SA Joseph G. Deegan - Enclosure
- 1 - Personnel File of SA William H. Atkinson - Enclosure

DUPLICATE YELLOW

NOTE: Bufiles disclose that [redacted] has furnished valuable information to our New Haven Office concerning Chinese matters. SAs Deegan and Atkinson spoke at 2 recent seminars sponsored by [redacted]'s organization. On 8-22-74 the New York Office recommended the Bureau provide a speaker for a meeting of industrial executives sponsored by [redacted]'s organization to discuss espionage problems faced by American firms dealing with Eastern European countries. A Fulton to Wannall memorandum of 9-5-74 recommended against this request on the grounds that this could lead to a misinterpretation by people who might feel the FBI was attempting to stifle East-West trade and interfere with the current U.S. foreign policy seeking detente with Communist countries.

nlm. (7)

INTELLIGENCE DIVISION  
IS-1 SECTION

10/7, 1974

Mr. Wannall	Mrs. Liskey
Mr. Leavitt	Miss Tweedon
Mr. T. J. Smith	Mrs. Haines
	Mrs. French
Mr. Boynton	Mail Room
Mr. Branigan	Foreign Liaison Unit
Mr. Cregar	Mrs. Marie Dennis
Mr. Deegan, 614 9&D	Teletype Unit, 4644 JB
Mr. Fulton	Teletype Unit, 1034 9&D
Mr. Putman	
Mr. Shackelford	Physical Unit

Room 5517

Mr. Deegan, 614 9&D	Miss Kozlosky, 614 9&D
	Mrs. Meeks, 614 9&D
Mr. Atkinson	Steno Pool, 916 9&D
Mr. Glass	
Mr. Newman	Please Call Me
Mr. Phillips	Please See Me
Mr. Tunstall	For Information
	Note and Return
Mr. Aldhizer	Note & Forward
Mr. Burns	Per Call
Mr. Daly	Correct
Mr. Fallin	Status
Mr. FitzPatrick	RECORDS SECTION
Mr. Graham	Place on Record
Mr. Held	and Return
Mr. Mosher	Consolidation
Mr. Nugent	Post in File and Destroy
Mr. Powell	0-1 or FD-205
Mr. Ross	Initial for file
Mr. Shea	Note file # and Return
Mr. Tansey	R/S to Room
Mr. Thornton	

PERSONNEL FILE OF:

DEEGAN, JOSEPH G.

Reur r/s 10/4/74. This is to

advise that I am presently under  
private physician's care for treat-  
ment of high uric acid.

*No further action*  
*10-8-74*  
*cem*

JGD/crk

67-NO

2 OCT 11 1974

J. G. Deegan

IS-1 SECTION

3/cem

# PROBE INTERNATIONAL, INCORPORATED

P.O. BOX 3364  
STAMFORD, CONNECTICUT 06905  
TELEPHONE (203) 329-9595  
CABLE: PROBE

*JWS*  
3 BELSIZE CRESCENT  
LONDON NW3 5QZ  
TELEPHONE (01) 794-4481  
CABLE: FRENPUB LONDON NW3

September 27, 1974

Mr. Clarence M. Kelley  
Director  
Federal Bureau of Investigation  
U.S. Department of Justice  
Washington, D.C. 20535

*Adm. field*

Dear Mr., Kelley,

On two occasions now the Bureau has participated in programs designed to acquaint the US business community with the problems of terrorism here and abroad. These meetings were jointly sponsored by my group and by the World Trade Institute, which is part of the Port Authority of New York and New Jersey.

The speakers were Messrs. Joseph Deegan and William Atkinson. Both gave articulate, in-depth presentations that were extremely well-received by the audience.

On behalf of the businessmen attending these sessions, as well as myself, I want to thank you for the excellent and valuable contribution the Bureau made to these programs.

b6

Sincerely yours,

[Redacted Signature Box]

BW:ba

9 OCT 7 1974

CORRESPONDENCE

FIVE

*ack  
10-9-74  
WSE:mem*



August 9, 1974

REC-44 44-1-676-296  
Mr. Arch H. Booth  
President  
Chamber of Commerce of the  
United States of America  
1615 H Street, N.W.  
Washington, D. C. 20006

Dear Mr. Booth:

Assistant Director Wannall has shown me your letter of August 2nd and I very much appreciate your comments concerning this Bureau's participation in the seminar on terrorism held for association executives. You may be assured I share the gratitude of Mr. Wannall and the other participants for your generous remarks. Communications such as yours are a source of much encouragement to us.

Sincerely yours,

C. M. Kelley  
Clarence M. Kelley  
Director

1 - Mr. Wannall - Enclosure

Personal Attention: Also bring to the attention of SAs Thomas J. Deakin, Joseph G. Deegan, Arthur B. Fulton and Sebastian S. Mignosa.

1 - Mr. Gebhardt - Enclosure

Personal Attention: Bring to the attention of Inspector Richard F. Bates.

NOTE: Bufiles indicate no derogatory information and prior correspondence with Mr. Booth. In addition to Mr. Wannall, the participants in this seminar were: Inspector Richard F. Bates and SAs Thomas J. Deakin, Joseph G. Deegan, Arthur B. Fulton and Sebastian S. Mignosa. Upon approval, this letter should be routed to the Personnel Records Section of the Files and Communications Division so that appropriate personnel file copies can be made.

MAIL ROOM ☐ TELETYPE UNIT ☐

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
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Training \_\_\_\_\_  
Off. Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

NOT RECORDED  
AUG 20 1974

CHAMBER OF COMMERCE  
OF THE  
UNITED STATES OF AMERICA

ARCH N. BOOTH  
PRESIDENT

1615 H STREET, N.W.  
WASHINGTON, D. C. 20006  
202/659-6207

August 2, 1974

Mr. W. Raymond Wannall  
Assistant Director  
Federal Bureau of Investigation  
U.S. Department of Justice  
Washington, D.C. 20535

Dear Mr. Wannall:

Please accept my thanks, on behalf of the National Chamber, for the participation by you and other officials of the Federal Bureau of Investigation in our special seminar for association executives on terrorism.

We all learned a great deal about the organization, aims, and methods of terrorist units. I am sure that this awareness will lead to a greater emphasis on anti-terrorism programs by trade and professional associations for their members.

Again, let me thank you for your personal contribution to our understanding of the threat of terrorism. Please convey our appreciation also to the other FBI representatives who participated in this presentation.

7/16/74  
REC-101  
Cordially yours,

16 AUG 13 1974

COMMUNICATIONS SECTION

ack  
8-9-74

UNITED STATES DEPARTMENT OF JUSTICE  
BUREAU OF PRISONS  
WASHINGTON, D. C. 20537

OFFICE OF THE DIRECTOR

October 24, 1974

Assoc. Dir.	_____
Dep.-A.D.-Adm.	_____
Dep.-A.D.-Inv.	_____
Asst. Dir.:	
Admin.	_____
Comp. Syst.	_____
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Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

Mr. Clarence M. Kelley  
Director  
Federal Bureau of Investigation  
Department of Justice  
Washington, D. C. 20530

*ack. pls. "Dear Norm" K*

Dear Clarence:

Please express my thanks to Special Agent Joseph G. Deegan of your Bureau for his presentation to our Correctional Administrators during their meeting in Kansas City, Missouri earlier this month. (INTELLIGENCE DIVISION)

Mr. Deegan, accompanied by Mr. Jim Graham of the Kansas City Office, made an excellent presentation to our group and provided much insight into the activities of "Revolutionary Groups in the American Penal System." Mr. Deegan also emphasized the availability of information from your organization and, during that meeting, methods of exchanging information of mutual interest was discussed at some length. Several members of our Kansas City Regional Office and members of the Leavenworth Penitentiary staff attended the session and were extremely impressed by Mr. Deegan's thorough knowledge of his subject and the manner in which he presented it.

Please accept my personal thanks for your cooperation in providing Mr. Deegan as a speaker at this meeting and be assured of our availability for assistance to your organization at any time.

Sincerely yours,

*Norm*

NORMAN A. CARLSON  
Director

NOV 18 1974

PERFECTED UNIT

*EX-100*  
*11/1/74*  
*Let to Mr. Carlson*  
*11/17/74*  
*Q & O: plm/jak*

December 18, 1974

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I am indeed pleased to advise you of your promotion to Grade GS 16, \$36,900 per annum, as Supervisory Special Agent (Chief of the IS-1 Section, Intelligence Division), effective December 27, 1974.

This promotion is temporary and will remain in effect only for the duration of your present assignment.

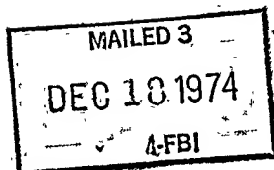
REC-133

Sincerely yours

E. M. Kelley

Clarence H. Kelley  
Director

67-455043-230  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
8 DEC 19 1974



1 - Mr. Adams (PERSONAL ATTENTION)

1 - Mr. Wannall (PERSONAL ATTENTION)

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Admin. \_\_\_\_\_  
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Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec. \_\_\_\_\_

1 - Mrs. Randolph  
1 - Movement  
1 - Miss Tibbetts

dmm (7)

TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. CALLAHAN

DATE: 12-16-74.

FROM : J. J. O'CONNELL

SUBJECT: SUPERGRADE PROMOTIONS

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. Serv. \_\_\_\_\_  
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Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

*POSITIONS*

*Joseph G. Deegan*

As you are aware, it is necessary that a report be prepared in January, 1975, accounting for the 140 supergrades allotted to the Bureau. This report is prepared for dissemination to the Vice President, Speaker of the House and the Civil Service Commission. Should any supergrade positions be vacant as of 12-31-74 this of course would have to be stated in this report. The purpose of this memorandum therefore is to recommend that the 6 supergrade positions currently vacant and/or to be vacated, by 1-1-75, be filled so that our report will show all supergrade positions filled.

A total of 8 supergrade positions became vacant as a result of retirements of Henry A. Schutz, Jr., SAC, New York, effective 11-29-74; Roy K. Moore, SAC, Jackson, effective 12-13-74; Eugene W. Whitwam, Section Chief, Identification Division and Maurice F. Row, Deputy Assistant Director, Computer Systems Division, both effective 12-20-74; Richard D. Cotter, Classification Officer, Inspection Division, effective 12-26-74; Wallace F. Estill, SAC, Knoxville, effective 12-30-74; Joseph V. Baker, SAC, New York and Robert T. Nischwitz, Legat, Mexico City, both effective 12-31-74. Two of the above have been filled already in that Inspector Bill D. Williams, SAC designate, Kansas City, has been recommended to fill the supergrade position vacated by SAC Schutz; and ASAC James O. Ingram has been approved as SAC, New York and will receive the supergrade vacated by SAC Baker, New York Office. It is recommended that the remaining 6 vacancies be filled as set forth below:

Arthur B. ~~Fulton~~, designated Section Chief IS-3 Section, Intelligence Division, and has been serving in that capacity since 1-14-74. Normally he would have been eligible at the end of 90 days for promotion to GS-16; however, there have been no vacancies. Fulton has been in grade GS-15 since 10-15-72 and prior to his assignment to the Intelligence Division served as ASAC in Milwaukee. His performance as Section Chief has been excellent and he is highly recommended by Assistant Director Wannall for promotion at this time. If approved, Fulton should be given the supergrade vacated by SAC Roy K. Moore, effective 12-13-74.

Enc.  
JJO:pmd  
(2)

(OVER)

4 DEC 27 1974

Memorandum to Mr. Callahan from J. J. O'Connell  
Re: Supergrade promotions

James Brian Hyland, Section Chief, Administration and Operations Section, Training Division, has been in this position since 5-16-74. Under normal circumstances he would have been considered for promotion 90 days following designation to the position; however, due to no vacancies the Bureau was unable to promote him. He has been in grade GS-15 since 4-2-72 and is highly recommended by Assistant Director Jamieson for promotion to GS-16 at this time. If approved, Hyland will fill the vacancy created by the retirement of Eugene W. Whitwam, Section Chief, Identification Division, effective 12-20-74.

Dennis G. Lofgren, Section Chief, National Crime Information Center Section, Computer Systems Division, has been functioning as such since 7-27-74. He has been in this position over 90 days, has performed in an excellent manner and is highly recommended by Assistant Director Decker for promotion to GS-16 at this time. Lofgren has been in GS-15 since 12-14-69. If approved Lofgren will fill the vacancy created by the retirement of Maurice F. Row, Deputy Assistant Director, Computer Systems Division, effective 12-20-74.

Joseph G. Deegan, Section Chief, IS-1 Section, Intelligence Division, has been serving in this position since 8-1-74 and under current policy is now eligible for promotion to GS-16. His performance is highly regarded by Assistant Director Wannall who recommends that he be reallocated to grade GS-16 at this time. Deegan has been in grade GS-15 since 9-8-68. If approved, Deegan will fill the vacancy created by the retirement of Richard D. Cotter, Classification Officer, Inspection Division, effective 12-26-74.

James P. Flynn, Section Chief, Mechanical Section, Administrative Division, has been in this position since 8-17-74 and under current policy is eligible for promotion to GS-16 at this time. He has served in an excellent manner and is highly recommended by Assistant Director Walsh, Administrative Division, for promotion to GS-16. Flynn has been in GS-15 since 5-2-71. If approved, Flynn will fill the vacancy created by the retirement of SAC Wallace F. Estill, Knoxville, effective 12-30-74.

Charles D. Neudorfer, Section Chief, Data Processing Section, Computer Systems Division, has been in this position since 8-22-74 and under current policy is eligible for promotion to GS-16 at this time. He has performed in an excellent manner and is highly recommended by Assistant Director Decker for promotion to GS-16. Neudorfer has been in grade GS-15 since 8-20-72. If approved, Neudorfer will fill the vacancy created by the retirement of Robert T. Nischwitz, Legat, Mexico City, effective 12-31-74.

Memorandum to Mr. Callahan from J. J. O'Connell  
Re: Supergrade Promotions

RECOMMENDATIONS:

1. That Arthur B. Fulton, Section Chief, Intelligence Division, be promoted from GS-15 to GS-16 at this time.

*Fulton prep  
12-18-74  
done*

2. That James Brian Hyland, Section Chief, Training Division, be promoted from GS-15 to GS-16, to be effective 12-21-74.

*Hyland prep  
12-18-74  
done*

3. That Dennis G. Lofgren, Section Chief, Computer Systems Division, be promoted from GS-15 to GS-16, to be effective 12-21-74.

4. That Joseph G. Deegan, Section Chief, Intelligence Division, be promoted from GS-15 to GS-16, to be effective 12-27-74.

*Deegan prep  
12-18-74  
done*

5. That James P. Flynn, Section Chief, Administrative Division, be promoted from GS-15 to GS-16, to be effective 12-31-74.

*Flynn prep  
12-18-74  
done*

6. That Charles D. Neudorfer, Section Chief, Computer Systems Division, be promoted from GS-15 to GS-16, to be effective 1-1-75.

*Neudorfer prep  
12-18-74  
done*

*OK*

*[Signature]*

PERMANENT BRIEFS ATTACHED.

November 13, 1974

JOSEPH G. DEEGAN

Mr. W. Raymond Wannall  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Wannall:

I am pleased to commend you and, through you, the personnel of the Intelligence Division who assisted so competently in the relocation of the Intelligence Division to the J. Edgar Hoover Building.

As a result of the efficient and cooperative manner in which these individuals carried out their responsibilities, this move was completed in a smooth and effective fashion with a minimum disruption of office work. Please convey my sincere appreciation to all for the excellent job that they did.

Sincerely yours,

*Clarence M. Kelley*  
Clarence M. Kelley  
Director

*WAW*

(1) - Mr. Wannall (Personal Attention)

Place a copy of this letter in files of personnel who participated in this matter but were not individually recognized.

67-NOT RECORDED  
8 NOV 26 1974

54



RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 11/11/74I certify that I have ☐ received ☒ returned the following Government property for official use:

1 Key to Elevator (9 &amp; D Bldg) ✓

1 Key to Door (9 &amp; D Bldg) ✓

1 Key to Lobby (9 &amp; D Bldg) ✓

FILE

3/ *fk*

## READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY

67-*vi* RECORD

1 APR 25 1975

Very truly yours,

(Signature)

(Typed name)

Joseph G. Deegan

Special Agent

1 - Mrs. Metcalf  
1 - Mr. Deegan

November 6, 1974

REC-143

Mr. Norman A. Carlson  
Director  
Bureau of Prisons  
Department of Justice  
Washington, D. C. 20537

Dear Norm:

Your kind remarks concerning the presentation made to your Correctional Administrators in their meeting at Kansas City, Missouri, by Special Agent Joseph G. Deegan are greatly appreciated:

Mr. Deegan was very impressed with the caliber of your representatives at the meeting and he was also impressed with the individuals he met at Leavenworth Penitentiary. The exchange of information concerning mutual interests between our organizations is something I hope continues and will be beneficial.

Thank you again for taking the time to advise me of the presentation by our Special Agent and the fact that you believed the presentation provided much insight into the activities of "Revolutionary Groups in the American Penal System."

Sincerely yours,

Clarence

Clarence M. Kelley  
Director

ASSOCIATE DIRECTOR

NOV 2 2 05 PM '74

RECEIVED

SEE NOTE PAGE TWO

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
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Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

JGD:fb/crk

(4)

NOV 22 1974

MAIL ROOM ☐

TELETYPE UNIT ☐

**NOTE:**

Norman A. Carlson, Director, Bureau of Prisons, Department of Justice, by letter 10/24/74, advised Mr. Kelley Deegan's presentation was of great value and Carlson expressed his appreciation for Mr. Kelley's cooperation in making SA Deegan available. Mr. Kelley indicated on the incoming letter from Mr. Carlson that the acknowledgement should indicate, "Dear Norm,"

DATE RECEIVED  
JAN 1968

AGE DIA  
ENCE DIA  
MEDICAL  
JAN 1968

Assoc. Dir. \_\_\_\_\_  
 Dep.-A.D.-Adm. \_\_\_\_\_  
 Dep.-A.D.-Inv. \_\_\_\_\_  
 Asst. Dir.: \_\_\_\_\_  
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 Telephone Rm. \_\_\_\_\_  
 Director Sec'y \_\_\_\_\_

January 3, 1975

Mr. Clarence M. Kelley  
 Director  
 Federal Bureau of Investigation  
 Washington, D. C.

Dear Mr. Kelley:

I am in receipt of your letter dated  
 December 18, 1974, reallocating me to Grade GS-16. I am  
 very appreciative of such recognition.

You may be assured that I will put forth my best  
 in discharging my duties in the future.

Sincerely yours,

*Joseph G. Deegan*  
 Joseph G. Deegan

REC-136

7- 455 043-231

Numbered

4 JAN 16 1975

3

EXP. PROC.  
 JAN 6 1975

9 JAN 14 1975

*2/3*

# NOTIFICATION OF PERSONNEL ACTION FEDERAL BUREAU OF INVESTIGATION

1. NAME (CAPS) LAST-FIRST-MIDDLE. <b>DEEGAN JOSEPH G</b>		MR.-MISS-MRS. <b>MR</b>		2. (FOR AGENCY USE)		3. BIRTH DATE <b>02-10-25</b>		4. SOCIAL SECURITY NO. <b>090-12-2131</b>	
5. VETERAN PREFERENCE <b>2</b> 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.				6. TENURE GROUP <b>1</b>		7. SERVICE COMR DATE			
9. FEGLI <b>4</b> 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)				10. RETIREMENT <b>1</b> 1-CS 3-FS 5-OTHER 2-FICA 4-NONE				11. (FOR CSC USE)	
12. CODE NATURE OF ACTION <b>702 PROMOTION</b>				13. EFFECTIVE DATE <b>12-27-74</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>			
15. FROM: POSITION TITLE AND NUMBER <b>SUPERVISORY SPECIAL AGENT (CHIEF OF THE IS-1 SECTION)</b> <b>51-F-114 160</b>				16. PAY PLAN AND OCCUPATION CODE <b>GS</b> <b>SERIES 1811</b>		17. GRADE (a) OR LEVEL <b>15</b>		STEP (b) OR RATE <b>05</b>	
18. SALARY <b>\$33794 PA</b>									
19. NAME AND LOCATION OF EMPLOYING OFFICE									
20. TO: POSITION TITLE AND NUMBER <b>SUPERVISORY SPECIAL AGENT (CHIEF OF THE IS-1 SECTION)</b> <b>160</b>									
21. PAY PLAN AND OCCUPATION CODE <b>GS</b> <b>SERIES 1811</b>				22. GRADE (a) OR LEVEL <b>16</b>		STEP (b) OR RATE <b>03</b>		23. SALARY <b>\$36000 PA</b>	
24. NAME AND LOCATION OF EMPLOYING OFFICE									
25. DUTY STATION (City, county-State) <b>S. &amp; E., FBI</b>								26. LOCATION CODE	
27. APPROPRIATION				28. POSITION OCCUPIED 1-COMPETITIVE SERVICE <b>2</b> 2-EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2			
30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. C. DURING PROBATION <b>BASIS FOR THIS POSITION IS TITLE 5, USC, SECTION 5108(C)(2).</b> <b>THIS PROMOTION IS TEMPORARY AND WILL REMAIN IN EFFECT ONLY FOR THE DURATION OF PRESENT ASSIGNMENT</b>									
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)					34. SIGNATURE (Or other authentication) AND TITLE <i>Con Kelly</i>				
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)					35. DATE <i>3/1/75</i>				
33. CODE EMPLOYING DEPARTMENT OR AGENCY <b>DJ-02</b> FEDERAL BUREAU OF INVESTIGATION, WASHINGTON, D.C. 20535									

**37-NOT RECORDED**  
**16 DEC 24 1974**

December 23, 1974

Mr. [redacted]  
Supervising Warden  
Department of Correction  
Rikers Island Headquarters  
16-16 Madison Street  
East Elmhurst, New York 11370

b6

Dear Mr. [redacted]:

Your recent communication concerning the performance of FBI personnel in connection with a recent seminar they conducted for members of your organization was received on December 17th and I certainly appreciate your generous remarks.

Letters such as yours are most reassuring and I am pleased and encouraged to know that my associates are held in such high regard. I know that Assistant Director John F. Malone and Special Agents James M. Anderson, Joseph G. Deegan and Leo P. McGillicuddy will share my gratitude for your thoughtfulness in writing. We are always happy to cooperate with you in matters of mutual interest.

Sincerely yours,

*Clarence M. Kelley*  
Clarence M. Kelley  
Director

- 1 - New York - Enclosure  
Personal Attention ADIC: Bring to the attention of Special Agents James M. Anderson and Leo P. McGillicuddy.
- 1 - Mr. Wannall - Enclosure  
Personal Attention: Bring to the attention of Special Agent Joseph G. Deegan.
- 1 - Personnel file of SA James M. Anderson - Enclosure
- ① - Personnel file of SA Joseph G. Deegan - Enclosure
- 1 - Personnel file of SA Leo P. McGillicuddy - Enclosure

NOTE: Bufiles contain no identifiable information concerning correspondent.

JWS:1b (8) 5/

DUPLICATE YELLOW



BENJAMIN J. MALCOLM  
Commissioner

Supervising Warden

THE CITY OF NEW YORK  
DEPARTMENT OF CORRECTION

Rikers Island Headquarters  
16-16 Hazen Street  
East Elmhurst, N.Y. 11370

*JWS*  
*20*

Tel: 726-4646

HQ #643-74

December 13, 1974

Director Clarence M. Kelley  
Federal Bureau of Investigations  
Washington, D.C. 20535

Dear Mr. Kelley:

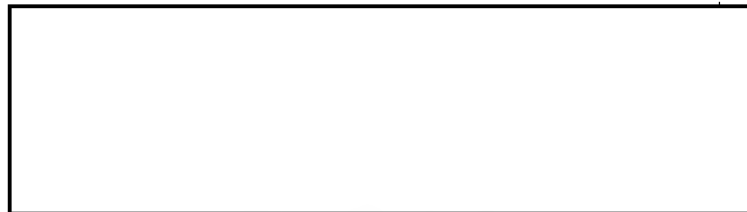
*Return to D.O. for signature JWS*

The New York City Department of Correction wishes to express their thanks and appreciation to you and the members of your staff who made possible a seminar on Rikers Island as to Revolutionaries and Extremists in Penal Institutions on December 5, 1974. Mr. James Anderson of the F.B.I. training unit was extremely helpful and cooperative in working this out with the undersigned. Our special thanks is extended to Joseph G. Deegan and Leo P. McGillicuddy.

The spirit of cooperation and the mutual exchange of experience and problems was of value and it is hoped that we can continue in this direction. Mr. John F. Malone was most gracious in attending and addressing the group with some very valuable information.

Again may we thank you and your staff for your assistance.

Very truly yours,



SUPERVISING WARDEN

FRB:kb

15 DEC 17 1974

CORRESPONDENCE

*ack*  
*12-20-74*  
*JWS:lb*

Assoc. Dir.	_____
Dep.-A.D.-Adm.	_____
Dep.-A.D.-Inv.	_____
Asst. Dir.:	_____
Admin.	_____
Comp./Syst.	_____
Ext. Affairs	<input checked="" type="checkbox"/>
Files & Com.	_____
Gen. Inv.	_____
Ident.	_____
Inspection	_____
Intell.	_____
Laboratory	_____
Plan. & Eval.	_____
Spec. Inv.	_____
Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

*Thelmsfeld*

b6

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH G. DEEGANWhere Assigned: INTELLIGENCE IS-1  
(Division) (Section, Unit)  
SUPERVISORY SPECIAL AGENT, GS-16  
Official Position Title and Grade: SECTION CHIEF, IS-1 SECTIONRating Period: from APRIL 1, 1974 to MARCH 31, 1975ADJECTIVE RATING: EXCELLENT  
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's  
InitialsJGDRated by: per Thomas W. Heurt INSPECTOR-DEPUTY 4/11/75  
Signature Title DateReviewed by: W. Raymond Wannall ASSISTANT DIRECTOR 4/11/75  
Signature Title DateRating Approved by: Eugene M. Walsh Assistant Director MAY 5 1975  
Signature Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

REC-137

455043-232  
4 MAY 5 19755 MAY 8 1975  
7K

THREE



**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL  
CHECKLIST AND NARRATIVE COMMENTS**  
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH G. DEEGAN

**Note:** Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)✓ Satisfactory- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.o No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

+ 1. Personal appearance.+ 2. Personality and effectiveness of personal contacts.+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).+ 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.+ 5. Resourcefulness, ingenuity, and initiative.+ 6. Forcefulness and aggressiveness as required.E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.+ 8. Planning of work.E 9. Accuracy and attention to pertinent detail.E 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.+ 12. Performance results (rate if applicable and mark others O) + A. Internal Security; o B. Criminal or General Investigative; o C. Fugitive; o D. Applicant; o E. Accounting; + F. Other, such as Supervisor. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

During the rating period, Mr. Deegan served as the #1 Man of the IS-1 Section until his designation as Section Chief on 8/1/74. From 4/1/74 until 5/22/74 he functioned as Chief of that Section in the absence of the Section Chief due to illness. He possesses an excellent knowledge of Bureau policies and procedures and has handled his assignments in a highly effective manner. He has an outstanding attitude and consistently demonstrates his capacity to supervise and coordinate matters of a most complex nature. He uses sound judgment in his day-to-day operations and displays excellent qualities of leadership. He is a dedicated, loyal Bureau Agent and his performance during the rating period merits a rating of Excellent.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

A. Employee signifies by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands position description.

Employee's Initials  
JCP

B. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No

C. Is employee qualified to operate a motor vehicle incidental to official duties? ☒ Yes ☐ No  
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle to be used. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

D. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

Security - #1 Man and Section ChiefADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

JCP

(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☒ Qualified ☐ Qualified Instructor ☐ Expert
- + 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
- During rating period developed \_\_\_\_\_ informants; \_\_\_\_\_ potential informants.
- As Chief, IS-1 Section, Mr. Deegan is charged with implementation and direction of the Extremist Informant Program. On a daily basis he affords guidance and supervision to this phase of his responsibilities to assure the continued productivity and effectiveness of this program.
- + 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
- 0 A. Reports; + B. Memos, letters, wires.
- E 16. Performance as a witness... ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- + 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
- + A. Leadership + F. Devising procedures  
+ B. Ability to handle personnel + G. Promoting high morale  
+ C. Making decisions + H. Getting results  
+ D. Assignment of work + I. Furthering equal employment opportunity  
+ E. Training subordinates
- 0 18. Raids and dangerous assignments; \_\_\_\_\_ A. As leader; \_\_\_\_\_ B. As participant.
- + 19. Miscellaneous. Specify and rate:
- + Dictation; 0 Applicant recruitment; \_\_\_\_\_ Other \_\_\_\_\_
- 0 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
21. Foreign Language Ability: Proficient in NA language(s).  
Can handle typical investigative problems as follows:
- A. Conversation form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- B. Written form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
- Frequency \_\_\_\_\_ language ability used during rating period \_\_\_\_\_.
- Anticipated use during ensuing year \_\_\_\_\_.
- C. Completed Bureau Language School ☐ No ☐ Yes \_\_\_\_\_ Specify language(s) \_\_\_\_\_.
22. Administrative Advancement: ☐ (Check block if not interested.)
- A. ☒ Yes ☐ No Agent is completely available for administrative advancement.
- B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
- C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☒ Outstanding
- Explain if interested but not now qualified.
23. Number of Incentive Awards 1.
- Commendations received from Director: Individual 0 Through Superior 1.
- Suggestions submitted 0.
- If none, check block ☐.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None  
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS

ICD

8-19-75

Mr. Deegan,

Please keep this Unit advised regarding Government doctor's recommendations,

*Will follow  
8-25-75*

*le*

*FWP  
8-7-75*

*Chr*

Physical Unit  
Room 6634 JEH  
X-4954 *le*

REPORT OF MEDICAL EXAMINATION

FBI

1. LAST NAME-FIRST NAME-MIDDLE NAME <b>DEEGAN JOSEPH @</b>			2. GRADE AND COMPONENT OR POSITION <b>S.A.</b>		3. OFFICE NUMBER <b>SSA 090-12-2131</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION <b>ANNUAL</b>		6. DATE OF EXAMINATION <b>7-24-75</b>	
7. SEX <b>M.</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>10-FEB-25</b>		13. PLACE OF BIRTH <b>N.Y.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>N.N.M.C.</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	<input type="checkbox"/>
<input checked="" type="checkbox"/>	19. NOSE	<input type="checkbox"/>
<input checked="" type="checkbox"/>	20. SINUSES	<input type="checkbox"/>
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	<input type="checkbox"/>
<input checked="" type="checkbox"/>	22. EARS-GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	24. EYES-GENERAL (Visual acuity and refraction under items 59, 60 and 61)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	<input type="checkbox"/>
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	<input type="checkbox"/>
<input checked="" type="checkbox"/>	34. GU SYSTEM	<input type="checkbox"/>
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	36. FEET	<input type="checkbox"/>
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	<input type="checkbox"/>
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS; SCARS, TATTOOS	<input type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	<input type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	<input type="checkbox"/>

REPEATS  
BUN-10  
URIC-8.8 → 4.75  
ACID  
CREATININE 0.8  
Refraction error (NCD)  
WBC 8.1  
RBC-5.33  
HGB-18.5 → 14.5  
HCT-54.1 → 41.5  
Scur RLC (NCD)  
ENCLOSURE  
REC-145  
copy for SA 5-30-78 pgr  
boil on buttocks (NCD)  
CLUCOSE 120  
URIC-ACID-9.2  
See #75 ← 207 - TRIG  
193 - CHOL  
(Continue in item 73)

WBC 8.8  
RBC 5.32  
HGB 18.5  
HCT 52  
BUN-12

67-4350-1-96  
Searched POT-1-11-303.6233  
4 AUG 28 1975  
Numbered

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES			
0 32 31 30 Restorable teeth				1 2 3 32 31 30 Non-restorable teeth				X 2 3 32 31 30 Missing teeth				X 2 3 32 31 30 Replaced by dentures				X 2 3 32 31 30 Fixed Partial dentures			
RIGHT 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17																L E F T			

Exam-type 3  
Class 1  
NCD  
JCP  
7/26/78

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.004</b> ( <b>8-6-70</b> )				46. CHEST X-RAY (Place, date, film number and result) <b>090-12-2131-SEE REPT</b>			
B. ALBUMIN <b>NEG</b>				D. MICROSCOPIC <b>ESS-NEG</b>			
C. SUGAR <b>NEG</b>				49. BLOOD TYPE AND RH FACTOR <b>=</b>			
47. SEROLOGY (Specify test used and result) <b>ETA-ABS-REACTIVE</b> <b>5 AUG 28 1975</b>				50. OTHER TESTS			

7/26/78

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 6' 1"		52. WEIGHTS 190		53. COLOR HAIR Brown		54. COLOR EYES Hazel		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input checked="" type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 140 DIAS. 100		B. RECUMBENT SYS. 130 DIAS. 98		C. STANDING (3 min.) SYS. 130 DIAS. 98		A. SITTING 80-		B. AFTER EXERCISE		C. 2 MIN. AFTER	
D. RECUMBENT		E. AFTER STANDING 3 MIN.									
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/20		CORR. TO 20/		BY		S.		CX		20/20 CORR. TO 20/25	
LEFT 20/20		CORR. TO 20/		BY		S.		CX		20/20 CORR. TO 20/25	
62. HETEROPHORIA (Specify distance)											
ES*		EX*		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		66. UNCORRECTED			
RIGHT		N/A				65. DEPTH PERCEPTION (Test used and score)		66. CORRECTED			
LEFT											
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION	
										17.20.0	
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV		/15 SV		/15		250 250		500 512		1000 1024	
LEFT WV		15 /15 SV		15 /15		2000 2018		3000 2896		4000 4096	
						6000 6144		8000 8192			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
Advised to have recheck barrels family HD for mild borderline hypertension (NCD) ALSO HIGH CHOLESTEROL & URIC ACID						P U L H E S					
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR						A B C E					
B. <input type="checkbox"/> IS NOT QUALIFIED FOR.											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
						Edmundo me uson					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
O.R. Ross, CDR.						O.R. Ross, CDR.					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					
						1					

CLINICAL RECORD

RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

DEEGAN, JOSEPH G.

REGISTER NO.

WARD NO.

AGE

SEX

(Check one)

49

M

☐ BEDSIDE, WHEELCHAIR,  
OR STRETCHER

☐ BED  
PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

PA + LAT CHEST

DOB 10 FEB - 25

(Above space for mechanical imprinting, if used)

SA-FBI

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

ANNUAL PE.

90-12-2131

DATE OF REQUEST

7-24-75

REQUESTED BY

WILSON

CHEST 7/24/75: The heart and mediastinum are within normal limits. The lungs are well expanded and clear except for old granulomatis disease in both lower lobes.

IMPRESSION: DEEGAN, JOSEPH G. No active disease. Old granulomatis changes.

10 FEB 25

CIVILIAN  
FBI/ACT

R. MORGAN  
LT MC USNR

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of treating facility)

\* GPO : 1968 O-313-616

Standard Form 519-A (Rev. 1-65)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev. 5-54)

RADIOGRAPHIC REPORT

19-207

ENCLOSURE

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

67-455043-233

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

DEECAN

/Last

JOSEPH

First

C

Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46, and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:**

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-455843-233

ENCLOSURE

# DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

Signature of Medical Examiner

Date



June 5, 1975

Mr. Don R. Erickson  
Director of Corrections  
Idaho State Correctional  
Institution  
Post Office Box 7309  
Boise, Idaho 83707

Dear Mr. Erickson:

Thank you for your kind letter of May 27th, with enclosure. Your generous comments regarding the presentation of Special Agent Deegan before the Annual Conference of the West Central Wardens and Superintendents Association are indeed appreciated. Communications such as yours are a source of encouragement and you can be sure I will share it with him. It is always a pleasure to be of assistance in such endeavors.

Sincerely yours,

*Clarence M. Kelley*  
Clarence M. Kelley  
Director

- 1 - Butte - Enclosure
- 1 - Mr. Wannall - Enclosure
- Personal Attention: Bring to the attention of SA Joseph G. Deegan
- ① - Personnel File of SA Joseph G. Deegan - Enclosure

NOTE: Bufiles indicate nothing derogatory regarding Mr. Erickson.

DUPLICATE YELLOW

mn:ltw (6)  
37-101 RECORDED

9 JUN 11 1975

# IDAHO STATE BOARD OF CORRECTION

IDAHO STATE CORRECTIONAL INSTITUTION

BOX 7309, BOISE, IDAHO — 83707

Telephone 336-0740

CECIL D. ANDRUS  
Governor

ROBERT L. RICE, Chairman  
A. W. NAEGLE  
WILLIAM J. DEE

DON R. ERICKSON  
Director



May 27, 1975

Dep. A.D. Adm.	
Dep. A.D. Inv.	
Asst. Dir.:	
Admin.	
Comp. Syst.	
Ext. Affairs	
Files & Com.	
Gen. Inv.	
Ident.	
Inspection	
Intell.	
Laboratory	
Plan. & Eval.	
Spec. Inv.	
Training	
Legal Coun.	
Telephone Rm.	
Director Sec'y	

Mr. Clarence Kelly, Director  
FBI-Headquarters  
Washington, D. C.

Dear Director Kelly:

STATE OF IDAHO  
IDAHO STATE CORRECTIONAL INSTITUTION  
P. O. Box 7309  
Boise, Idaho 83707

The West Central Wardens and Superintendents Association held its annual conference May 18 - 21 in Boise, Idaho. I am enclosing a program of the conference.

It was our privilege on Tuesday, May 20, to have as our speaker Mr. Joseph Deegan, Chief, Extremist and Terrorist Section, Intelligence Division, of the FBI. His subject was "Subversives and Extremists in Penal Institutions".

I felt that Mr. Deegan did an excellent job. The subject matter was very timely for those in attendance. There were some of us present who had the opportunity to attend the seminar last June in Quantico, but many of the wardens and superintendents had not had that opportunity and found this talk extremely interesting. The comments that I heard from many of those in attendance indicated that they were extremely pleased with Mr. Deegan's presentation.

On behalf of the West Central Wardens and Superintendents Association, I would like to extend our sincere thanks and appreciation for providing Mr. Deegan for us.

This particular Association has been meeting since 1948, and in my opinion it is one of the best meetings held in the area of corrections in the United States, probably because it is small and the exchange of ideas is more freely given.

Again, our sincere thanks.

Sincerely yours,

*Don R. Erickson*

Don R. Erickson  
Director of Corrections

ENCLOSURE

DRE/cb  
Enclosure  
cc: J. Deegan

CORRESPONDENCE

EXP. PROC.  
31 JUN 2 1975



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

May 9, 1975

Mr. W. Raymond Wannall  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Wannall:

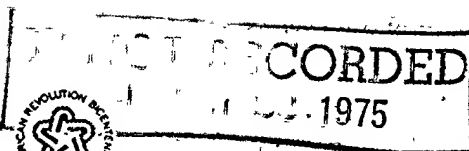
*Joseph G. Deegan*

Through you, commendation is merited for the Agent personnel of the Intelligence Division who performed so competently with regard to a Regional Conference held recently at the New York State Police Academy, Albany, New York.

These men handled their formal presentations in a most competent, resourceful, and determined fashion, thereby contributing immensely to the overall effectiveness of this conference. Please express my thanks to them for their laudable services which were of the utmost benefit to the Bureau.

Sincerely yours,

*Clarence M. Kelley*  
Clarence M. Kelley  
Director



*28*

May 9, 1975

Mr. W. Raymond Wannall  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Wannall:

Through you, commendation is merited for the Agent personnel of the Intelligence Division who performed so competently with regard to a Regional Conference held recently at the New York State Police Academy, Albany, New York.

These men handled their formal presentations in a most competent, resourceful, and determined fashion, thereby contributing immensely to the overall effectiveness of this conference. Please express my thanks to them for their laudable services which were of the utmost benefit to the Bureau.

Sincerely yours,

*Clarence M. Kelley*  
Clarence M. Kelley  
Director

1 - Mr. Wannall (Personal Attention)

A copy of this letter will be placed in the files of SAs Forrest S. Putman, Jr., Joseph G. Deegan, [redacted]

- 1 - Mrs. Randolph (Sent Direct)
- 1 - Personnel file of SA Forrest S. Putman, Jr.
- 1 - Personnel file of SA Joseph G. Deegan
- 1 - Personnel file of SA [redacted]
- 1 - Personnel file of SA [redacted]

DKD (9)

67-11-10 Based on Putman-Wannall memo 4-29-75, re Regional Conference Regarding Terrorist/Extremist Activities Directed at the American Bicentennial Celebration at the XXI Olympiad, 1976. **DUPLICATE YELLOW**

b6

UNITED STATES GOVERNMENT

# Memorandum

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

TO : Mr. W.R. Wannall *WBW*  
FROM : J.G. Deegan *JGD*  
SUBJECT: SECTION CHIEF JOSEPH G. DEEGAN  
FIREARMS TRAINING

DATE: 10/1/75

Memorandum is to advise that due to work commitments on 10/1/75 within the IS-1 Section, Section Chief Joseph G. Deegan was unable to attend firearms training.

Arrangements will be made by Section Chief Deegan to attend firearms training on a alternate date in the near future.

## ACTION:

None. For information.

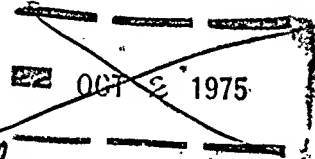
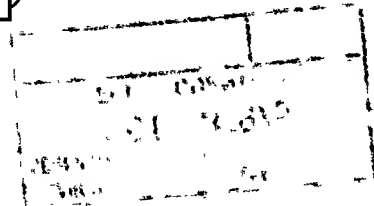
JGD/tdp  
(4)

- 1 - Mr. W.M. Mooney
- 1 - Mr. Wannall (Attn: Miss  )
- 1 - Mr. Deegan

REC-145

67-455 043-234  
Numbered  
5 OCT 22 1975

b6



*38*  
*TWO*  
*FILED*  
PERSONNEL UNIT

5 OCT 30 1975 33

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Walsh

DATE: 12-5-75

FROM : S. R. Burns

SUBJECT: JOSEPH G. DEEGAN  
Supervisory Special Agent - Chief (IS-1 Section)  
Intelligence Division  
EOD: 1-29-51  
Married, Six Children  
SERVICE AWARD MATTER  
25th Anniversary 1-29-76

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

Mr. Joseph G. Deegan, Supervisory Special Agent - Chief (IS-1 Section), Intelligence Division, celebrates his 25th year of Bureau service on 1-29-76.

During the past three years his services have been entirely satisfactory. He is presently in Grade GS-16, \$37,800, and was rated Excellent on last performance report.

## RECOMMENDATION:

That this memorandum be forwarded to Director Kelley so that he may indicate whether he will be available to present Mr. Deegan's 25-Year Service Award Key and letter and, if so, what date and time would be convenient for him. A suggested letter is attached for Mr. Kelley's signature.

## Enclosure

- 1 - Mrs. Metcalf (Sent Direct)
  - 1 - Telephone Room (Sent Direct)
  - 1 - Mr. Wannall (Sent Direct)
- JDM:rlw  
(5) 12-16-75

REMOVED BY SRD



5010-108

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

67-455093-235  
Searched \_\_\_\_\_  
Numbered \_\_\_\_\_  
1 DEC 11 1975

OK REC 39  
nrc  
TJF  
On 12/12/75 Mrs. Wannall  
secretary, Div 5,  
was notified

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date

12-1-75

I certify that I have ☒ received ☐ returned the following Government property for official use:

IDENTIFICATION CARD  
J. EDGAR HOOVER F.B.I BUILDING

1300529

FILE  
31

Reason for Returning: ☐ Absence for Maternity Reasons ☐ Military Leave ☐ Resignation ☐ Retiring

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

Very truly yours,

(Signature)

Joseph G. Deegan

(Typed name)

JOSEPH G. DEEGAN

67- DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY. RECORDED

1 FEB 19 1976

47

PERSONNEL FILE OF  
JOSEPH G. DEEGAN

5-78 (Rev. 8/11/75)

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
INTERNAL ROUTING/ACTION SLIP

TO	BLDG.	ROOM	NAME/TITLE/ORGANIZATION	TO	BLDG.	ROOM	NAME/TITLE/ORGANIZATION
			DIVISION FRONT OFFICE				SUPERVISORS
JEH	4026		Mr. W. R. Wannall	JEH	4084		Mr. Maurice
JEH	4026		Mr. T. W. Leavitt	JEH	4077		Mr. Nugent
JEH	4026		Mr. H. E. Helgeson	JEH	4065		Mr. Seabaugh
JEH	4012		Mrs. Liskey	JEH	4072		Mr. Tunstall
JEH	4012		Miss Tweedon	JEH	4063		Mr. Phillips
JEH	4026		Miss McFarland				
JEH	4026		Mrs. Cuzzo	JEH	4077		Mr. Aldhizer
				JEH	4084		Mr. Fallin
			SECTION CHIEFS	JEH	4072		Mr. Glenn
JEH	4204		Mr. Branigan	JEH	4072		Mr. Graham
JEH	4063		Mr. Cregar	JEH	4072		Mr. Held
JEH	4092		Mr. Deegan	JEH	4065		Mr. Klein
JEH	4825		Mr. Fulton	JEH	4084		Mr. Powell
JEH	4634		Mr. Kolombatovic	JEH	4065		Mr. Shea
JEH	4042		Mr. Mignosa	JEH	4077		Mr. Thornton
JEH	4123		Mr. Redfield				
JEH	4439		Mr. Shackelford	JEH	4027		Steno Pool
							*****
			SECTION FRONT OFFICE	JEH	6247		Teletype Unit
JEH	4092		Mr. Newman	JEH	1B327		Mail Room
JEH	4092		Mrs. Poston				RECORDS SECTION
JEH	4092		Mrs. Meeks	JEH	5648		(Filing)
				JEH	4336		(Mail Processing)
				JEH	6634		Physical Unit

*Re attached. I have seen to my private clock, all is ok. I take moderate for the problem.*  
*J. Deegan*

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> RECOMMENDATION/COMMENT | <input type="checkbox"/> LOG     | <input type="checkbox"/> NECESSARY ACTION |
| <input type="checkbox"/> SEE REMARKS ON REVERSE | <input type="checkbox"/> FILE    | <input type="checkbox"/> COORDINATE       |
| <input type="checkbox"/> MAKE COPIES (NO. )     | <input type="checkbox"/> SEE ME  | <input type="checkbox"/> PER INQUIRY      |
| <input type="checkbox"/> RETURN (BY )           | <input type="checkbox"/> CALL ME | <input type="checkbox"/> INFORMATION      |

FROM INTELLIGENCE DIVISION, IS-1 SECTION

BLDG. J. EDGAR HOOVER-(JEH)  
PHONE

ROOM

DATE

10-9 1975

FORM DOJ-353A  
8-1-74 rev

67-NOT RECORDED  
10 OCT 14 1975

*No further action  
JG  
10-9-75*

*3/88*



UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Walsh

DATE: 1-19-76

FROM : S. R. Burns *SRB wmb*

SUBJECT: SA JOSEPH G. DEEGAN  
Chief - IS-1 Section  
Intelligence Division  
EOD 1-29-51, GS-16, \$37,800  
Age 50; Married - 6 Children

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

Mr. Deegan will complete 25 years of Bureau service on 1-29-76. The following is a summary of his record for the Director's use.

The last administrative action taken against him was a letter of Censure on 12-19-69. During his tenure with the Bureau he has received several INCENTIVE AWARDS and has been COMMENDED on numerous occasions, the most recent being on 5-9-75, along with others who performed so competently with regard to a Regional Conference held recently at the New York State Police Academy, Albany, New York.

He met and was photographed with the Director on 8-19-74.

As noted on the cover page, his sister is a former Bureau employee and her services were satisfactory.

*WJH*

REC-142

67-455043-286	
Searched _____	Numbered _____
10 FEB 24 1976	

*LS:lrh*  
*WMB* (2)

Enclosures: Photograph and Cover Page



5010-108

FEB 26 1976

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

*3/Red*

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE  DEEGAN JOSEPH G	SOCIAL SECURITY NUMBER  090-12-2131
--	---

## NOTIFICATION OF BASIC CHANGE

CODE-NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892--QUALITY INCREASE	<input type="checkbox"/> 896--ADMIN, PAY INCREASE	1 / 4/76	12/27/74
<input checked="" type="checkbox"/> 893--WITHIN GRADE INCREASE	<input type="checkbox"/> 897--ADMIN, PAY DECREASE		
<input type="checkbox"/> 894--PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY
GS-16	STEP 4	\$37,800.00	\$37,800.00

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
		YES	3 / <i>maul</i>

☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS

67-NOT RECORDED  
39 (21) JAN 28 1976

1 / 4/76  
(DATE)

DIRECTOR  
FEDERAL BUREAU OF INVESTIGATION

PERSONNEL FILE COPY

January 29, 1976

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

As you know, you have now completed twenty-five years of service in the FBI. I wish to extend my heartiest congratulations and, on behalf of the Bureau, to present your Twenty-five-Year Service Award Key in recognition of this memorable occasion.

Your capable performance in a number of varied assignments has aided the Bureau substantially in discharging its heavy obligations. You have had an excellent opportunity to realize some of the tremendous problems with which our organization is faced, and I am gratified to note how conscientiously and efficiently you have carried out your responsibilities. You may be sure that your splendid efforts in behalf of the FBI are appreciated.

I sincerely hope that this Key will, in days to come, recall many pleasant memories of your Bureau career.

With best wishes and kindest regards,

Sincerely,

Clarence M. Kelley

Clarence M. Kelley  
Director

67-455043-237	
Searched	Numbered
10 FEB 24 1976	

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
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Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

SENT FROM D. O.	
TIME	3:05 PM
DATE	1-20-76
BY	Presented by Director

Enclosure

1 - Mr. Wannall (Personal Attention)

1 - Mrs. Metcalf (Sent Direct)

JDM :rlw

(5)

67-455043

Based on memo Burns - Walsh dated 12-5-75 JDM:rlw.

MAIL ROOM

TELETYPE UNIT

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. T.W. Leavitt *TWL*  
*Hed*

FROM : J.G. Deegan *JGD*

SUBJECT: JOSEPH G. DEEGAN (SECTION CHIEF);  
[REDACTED] (NUMBER ONE MAN)  
FIREARMS TRAINING

DATE: 3/22/76

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Files & Com. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

Due to the attendance of captioned individuals at a two-day Attorney General Guidelines Conference, composed of representatives from each field office, held at FBIHQ on 3/18 and 19/76, they were unable to attend firearms training on the above dates respectively.

ACTION:

For information.

TDP *TDP*  
(5)

1 - Personnel File [REDACTED]  
1 - Mr. W.M. Mooney  
1 - Mr. Leavitt (Attn: Miss Tweedon)  
1 - Mr. Deegan

REC-141

67-435 043-238  
arched Numbered  
5 MAR 24 1976 9



5010-108

4 APR

2 1976

136

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

*RECEIVED*

G.D.A. XEROX

31 1976

February 23, 1976

Mr. Raymond L. Freeman  
Acting Associate Director  
National Park Service  
United States Department of  
the Interior  
Washington, D. C. 20240

Dear Mr. Freeman:

Your letter of February 12th expressing appreciation for the presentation made by Special Agents Deegan and [ ] at your recent Law Enforcement Specialists Conference has been warmly received.

It is certainly our pleasure to be of assistance to you or your Service.

Messrs. Deegan and [ ] will share my appreciation for your thoughtfulness in writing.

Sincerely yours,

b6

Clarence M. Kelley  
Director

- 1 - Mr. Wannall - Enclosure  
Personal Attention: Bring to the attention of Special Agents Joseph G. Deegan and [ ]
- ① - Personnel File of SA Joseph G. Deegan - Enclosure
- 1 - Personnel File of SA [ ] - Enclosure

NOTE: The identities of Special Agents mentioned were confirmed through the Intelligence Division.

DJC:acr (6)

67-111111 RECORDED

4 FEB 24 1976

DUPLICATE YELLOW

37



# United States Department of the Interior

NATIONAL PARK SERVICE  
WASHINGTON, D.C. 20240

IN REPLY REFER TO:

FEB 12 1976

Honorable Clarence M. Kelley  
Director, Federal Bureau of  
Investigation  
9th & Pennsylvania Avenue, NW.  
Washington, D.C. 20535

b6

Dear Mr. Kelley:

We are most appreciative of the intelligence briefing provided to us by Special Agents Deegan and [ ] at our recent Law Enforcement Specialists Conference.

The agents were well prepared and provided factual information that was thought provoking. Their demeanor reflected favorably upon your organization. We enjoyed having Agents Deegan and [ ] join us.

We are especially grateful for all of the past assistance rendered to us by the Federal Bureau of Investigation. It is always a pleasure to associate with a professional organization.

Sincerely yours,

Acting  
Associate Director

*Raymond L. Freeman*



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH G. DEEGANWhere Assigned: INTELLIGENCE IS-1  
(Division) (Section, Unit)Official Position Title and Grade: SUPERVISORY SPECIAL AGENT, GS-16  
SECTION CHIEF, IS-1 SECTIONRating Period: from APRIL 1, 1975 to MARCH 31, 1976ADJECTIVE RATING: EXCELLENT  
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's  
InitialsJGD

Rated by:

James E. Dwyer  
Signature

INSPECTOR-DEPUTY

ASSISTANT DIRECTOR

3/30/76  
Date

Reviewed by:

Thomas W. Hewitt  
Signature

ASSISTANT DIRECTOR

3-31-76  
Date

Rating Approved by:

Eugene W. Walsh  
Signature

Title

Assistant Director Date APR 30 1976

## TYPE OF REPORT

☒ Official  
☒ Annual☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

REC-133

67-455043-239  
10 MAY 3 197610 MAY 6 1976  
63

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL  
CHECKLIST AND NARRATIVE COMMENTS**  
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH G. DEEGAN

**Note:** Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

- + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)  
E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)  
✓ Satisfactory  
- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.  
O No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- + 1. Personal appearance.  
+ 2. Personality and effectiveness of personal contacts.  
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).  
+ 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

- + 5. Resourcefulness, ingenuity, and initiative.  
+ 6. Forcefulness and aggressiveness as required.  
+ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.  
+ 8. Planning of work.  
E 9. Accuracy and attention to pertinent detail.  
+ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.  
+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.  
+ 12. Performance results (rate if applicable and mark others O) + A. Internal Security; 0 B. Criminal or General Investigative; 0 C. Fugitive; 0 D. Applicant; 0 E. Accounting; + F. Other, such as Supervisor.  
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

Mr. Deegan has served during the entire rating period as Section Chief, IS-1 Section, Intelligence Division, which Section handles domestic security investigations. His performance has been excellent.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneEmployee's  
InitialsJGD

- A. Employee signifies, by initialing hereafter that during the course of receiving the performance rating report (limit this provision to annual, 60-day or 90-day reports) employee has read and understands position description.  
 B. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No  
 C. Is employee qualified to operate a motor vehicle incidental to official duties? ☒ Yes ☐ No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle to be used.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.  
 D. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security - Section Chief

ADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS



(Checklist and Narrative Comments continued)

13. Firearms. Check One: ☐ Qualified ☐ Qualified Instructor ☐ Expert  
+ 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.  
During rating period developed \_\_\_\_\_ informants; \_\_\_\_\_ potential informants.

As Chief, IS-1 Section, Mr. Deegan has the Extremist Informant Program under his direction. He affords guidance and supervision to assure the continued productivity and effectiveness of the program.

- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)  
O A. Reports; E B. Memos, letters, wires..  
E 16. Performance as a witness: ☐ During rating period; ☒ Based on past performance; ☐ No experience.  
+ 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)  
+ A. Leadership + F. Devising procedures  
+ B. Ability to handle personnel + G. Promoting high morale  
+ C. Making decisions + H. Getting results  
+ D. Assignment of work + I. Furthering equal employment opportunity  
+ E. Training subordinates  
O 18. Raids and dangerous assignments; \_\_\_\_\_ A. As leader; \_\_\_\_\_ B. As participant.  
+ 19. Miscellaneous. Specify and rate:  
+ Dictation; O Applicant recruitment; O Other \_\_\_\_\_  
O 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited  
21. Foreign Language Ability: Proficient in NA language(s).  
Can handle typical investigative problems as follows:  
A. Conversation form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory  
B. Written form \_\_\_\_\_ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory  
Frequency \_\_\_\_\_ language ability used during rating period \_\_\_\_\_  
Anticipated use during ensuing year \_\_\_\_\_  
C. Completed Bureau Language School ☐ No ☐ Yes. \_\_\_\_\_ Specify language(s) \_\_\_\_\_  
22. Administrative Advancement: ☐ (Check block if not interested.)  
A. ☒ Yes ☐ No Agent is completely available for administrative advancement.  
B. ☒ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.  
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☒ Outstanding  
Explain if interested but not now qualified.

23. Number of Incentive Awards 0.  
Commendations received from Director: Individual 0 Through Superior 2.  
Suggestions submitted 0.  
If none, check block ☐.  
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None  
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS

IGD

10-12-76

Mr. Deegan,

Please keep this Unit advised  
regarding the Government doctor's  
recommendation.

*Will follow*  
*10-28-76*  
*lls*

*Fwp*  
*12-3-76*  
*cm*

Physical Unit  
Room 6634 JEH  
X-4954

**REPORT OF MEDICAL EXAMINATION**

DIV 5

X-4646

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Deegan, Joseph G.</b>			2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>27 Aug 76</b>
7. SEX <b>MALE</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY      CIVILIAN	10. AGENCY <b>FBI</b>	11. ORGANIZATION UNIT
12. DATE OF BIRTH <b>(51)</b> <b>10 Feb 25</b>		13. PLACE OF BIRTH		
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>	
16. OTHER INFORMATION <b>Social Sec # 090-12-2131</b>			17. RATING OR SPECIALTY TIME IN THIS CAPACITY (Total)      LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistula) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Glucose - 82.0      CHOL - 170  
TRIG - 125  
CBC - 6.8  
RBC - 5.07  
HGB - 17.7  
HCT - 49.7  
DIFFERENTIAL - N/A

URIL ACID - 9.4 → net 75  
CREATININE - 9

REC-144

ENCLOSURE

67-453043-248
Searched      Numbered
OCT 22 1976

Copy for SA  
5-30-78  
pgs

3/11/76

(Continue in item 73)

DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																			
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures			
1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30
X																			
	2	3			5	6	7	8		10	11	12	13	14	15				
	31	30		X	28	27	26	25		23	22	21	X	19	18	X			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
T-3 CHASS I NED

LABORATORY FINDINGS	
ANALYSIS: A. SPECIFIC GRAVITY UMIN <b>1.007</b> AR <b>Neg</b>	46. CHEST X-RAY (Place, date, film number and result) <b>090-12-2131 "See Report on X-ray"</b>
48. EKG <b>WNL NSC SPT</b>	50. OTHER TESTS

COPY MADE FOR ONCE  
128  
JCP

# MEASUREMENTS AND OTHER FINDINGS

1. HEIGHT 61		2. WEIGHT 189 1/4		3. COLOR HAIR BROWN		4. COLOR EYES HAZEL		5. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		6. TEMPERATURE	
7. BLOOD PRESSURE (Arm at heart level)						8. PULSE (Arm at heart level)					
A. SITTING SYS. 148 DIAS. 96		B. RECUMBENT SYS. DIAS.		C. STANDING (5 min.) SYS. DIAS.		A. SITTING 76		B. AFTER EXERCISE		C. 2 MIN. AFTER	
D. RECURRENT		E. AFTER STANDING 3 MIN.									
9. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/25		CORR. TO 20/		BY		S.		CX		20/20 CORR. TO 20/20 BY	
LEFT 20/20		CORR. TO 20/		BY		S.		CX		20/20 CORR. TO 20/50 BY	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT		LEFT		PIT 10 of 14 passed				UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION 7.1			
70. HEARING				71. AUDIOMETER							
RIGHT WV		/15 SV		/15		250		500		1000	
						250		512		1024	
						2048		4096		8192	
LEFT WV		/15 SV		/15		RIGHT		10		10	
						LEFT		15		15	
								35		55	
								55		65	
								45		50	
								55		80	
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Hypertension not adequately controlled  
↑ HIGH URIC/ACID

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Internal Medicine consultative  
ALSO PUT ON FOR HIGH URIC-ACID

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

Rachel O. Bech

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

G-T Terezhinsky

G-T Terezhinsky 2000 DC. USA.

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

Deegan, Joseph G.  
10 FEB 25

SA FBI

REGISTER NO.

DE RM

WARD NO.

DE

AGE

SEX

(Check one)

51 M

☐ BEDSIDE, WHEELCHAIR,  
OR STRETCHER

☐ BED  
PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

PA & LAT CHEST

D.O.B. - 10-FEB-25

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Annex - DE

SS# 090-12-2131

FILM NO.

DATE OF REQUEST

27 AUG 76

REQUESTED BY

PHYSICAL EXAM ROOM

RADIOGRAPHIC REPORT

CHEST: The examination demonstrates calcific residual of old granulomatous disease, and pleural parenchymal scarring in the left lower lung field. No focal infiltrative atelectasis or effusion is demonstrated. Heart size and pulmonary vasculature is within normal limits. The aorta is mildly tortuous, and there are minor degenerative changes present in the thoracic spine.

IMPRESSION: There are chronic abnormalities as noted. No acute cardiopulmonary process demonstrated.

J. D. TAGGART  
P-EDR MC USN

DATE OF REPORT:

ges 10-4-76 M.C.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

F.B.I.

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT  
519-207

67-455 043-22510 109-201-4602  
CLOSURE

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee \_\_\_\_\_  
(Type or print)

Deegan      Joseph G.

*Last*

*First*

*Middle*

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

**For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:**

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis. \_\_\_\_\_

67-455043-2610  
ENCLOSURE

# DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☒ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

Robert G. B...  
Signature of Medical Examiner

8/27/76  
Date

August 4, 1976

Mr. William M. Mooney  
Federal Bureau of Investigation  
Quantico, Virginia

Dear Mr. Mooney:

It is a pleasure to commend, through you, the personnel who participated so effectively in connection with the Dignitary Protection Seminar which was held in Quantico, Virginia, from June, 1975, through June, 1976.

The professional, enthusiastic, and resourceful manner in which these individuals handled their important assignments with the preparation of material for use by instructors, as well as the actual instruction before these classes, contributed substantially to the success realized. Please convey to all those concerned my sincere appreciation for their fine efforts.

Sincerely yours,

*Clarence M. Kelley*

Clarence M. Kelley  
Director

① Mr. Leavitt (Personal Attention)

Please bring this letter to the attention of Section Chiefs Sebastian S. Mignosa and Joseph G. Deegan and others who are worthy of recognition. Upon receipt of a list of names of participating personnel a copy of this letter will be placed in their files.

① Personnel file Joseph G. Deegan

67-NOT RECORDED

SEP 2 1976

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
AUG 12 3 40 PM '76

15



August 4, 1976

Joseph G. Deegan

Mr. William M. Mooney  
Federal Bureau of Investigation  
Quantico, Virginia

Dear Mr. Mooney:

It is a pleasure to commend, through you, the personnel who participated so effectively in connection with the Dignitary Protection seminar which was held in Quantico, Virginia from June 1975 through June, 1976.

The professional, enthusiastic, and resourceful manner in which these individuals handled their important assignments with the preparation of material for use by instructors, as well as the actual instruction before these classes, contributed substantially to the success realized. Please convey to all those concerned my sincere appreciation for their fine efforts.

Sincerely yours,

C. M. Kelley

Clarence M. Kelley  
Director

1 - Mr. Mooney (Personal Attention)

Please bring this letter to the attention of [redacted] (NAC),

[redacted], and Unit Chiefs George A. Zeiss III, and [redacted]. Upon a receipt of a list of names of participating personnel a copy of this letter will be placed in their files.

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Rec. Mgnt. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

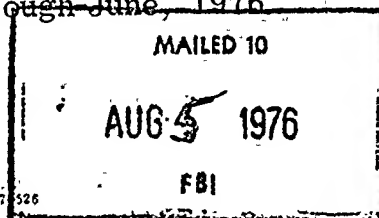
LRB (10)

Based on Mooney-Jenkins memo 7-23-76, addendum Finance and Personnel Division 7-26-76, re Dignitary Protection Seminar, LEA Research Unit, Quantico, Virginia, June, 1975, through June, 1976.

NOT RECORDED  
8 JAN 5 1977

MAIL ROOM ☒

TELETYPE UNIT ☐



Mr. William M. Mooney  
Federal Bureau of Investigation  
Quantico, Virginia

1 - Mr. Moore (Personal Attention)

Please bring this letter to the attention of Section Chief Thomas B. Coll and others who are worthy of recognition. Upon receipt of a list of names of participating personnel a copy of this letter will be placed in their files.

1 - Mr. Leavitt (Personal Attention)

Please bring this to the attention of Section Chiefs Sebastian S. Mignosa and Joseph G. Deegan and others who are worthy of recognition. Upon receipt of a list of names of participating personnel a copy of this letter will be placed in their files.

1 - Mr. Gallagher (Personal Attention)

Please bring this letter to the attention of Section Chief Benjamin H. Cooke and others who are worthy of recognition. Upon receipt of a list of names of participating personnel a copy of this letter will be placed in their files.

1 - Miss Dean (Sent Direct)

1 - Mr. Mintz (Personal Attention)

Please bring this letter to the attention of Unit Chief Charles A. Donelan and others who are worthy of recognition. Upon receipt of a list of names of participating personnel a copy of this letter will be placed in their files.

1 - SAC, Detroit (Personal Attention)

Bring this to the attention of [redacted] who participated in this seminar while assigned to Quantico. Place a copy of this letter in his personnel file.

1 - ADIC, New York (Personal Attention)

Bring this to the attention of SA [redacted] who participated in this seminar while assigned to Quantico. Place a copy of this letter in his personnel file.

b6

William M. Mooney  
FBI-Quantico

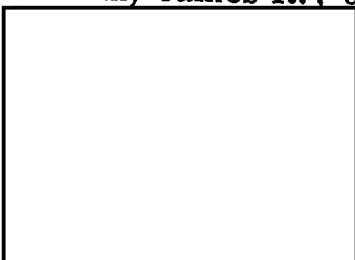
D

Re letter of commendation to Mr. Mooney dated 8/4/76, concerning participation of personnel in Training Division in connection with Dignitary Protection Seminar held in Quantico, Virginia, from June 1975, through June, 1976. Following is a list of names of participating personnel in order that copy of letter may be placed in their files:

Agents



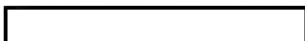
Hardin, James R., Jr.



Sass, Frank A., Jr.



Zeiss, George A.



(now assigned Detroit as SA)



(now assigned NY as SA)

Coll, Thomas B.

Harrington, Thomas J., Jr.

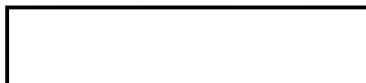
Mignosa, Sebastian S.

Deegan, Joseph G.

Cooke, Benjamin H.

Donelan, Charles A.

Clerks



(NAC)

b6

1 - Mr. J. G. Deegan  
1 - Mr. [redacted]  
1 - Mr. D. Ryan

Mr. [redacted], Chairman  
Departmental Review Committee

July 21, 1976

Director, FBI

CLASSIFICATION AUTHORITY  
EXECUTIVE ORDER 11652

b6

This is to advise you that Joseph G. Deegan, Section Chief, Internal Security - 1 Section, Intelligence Division, Credential Number 6464, Social Security Number 090-12-2131, has been appointed a "Top Secret" classifying authority. It is requested he be so designated.

62-117025

1 - Mr. [redacted]  
Information Systems Staff

EX-106

REC 12

62-117025-15

5 JUL 26 1976

NOTE:

As Section Chief of the IS-1 Section which has responsibility for the Document Classification Review Unit and the Document Classification Procedures and Compliance Unit, Mr. Deegan desires classification authority. As this represents a new classification authority "slot," as opposed to a replacement for an existing authority, specific Attorney General designation is required. This authority should not be used until specific Attorney General designation is received.

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
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Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

7 AUG 10 1976

77 53 5 02 51 1036

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/10/01 BY 60322 UCBAW

REC. UNIT

MAIL ROOM ☒ TELETYPE UNIT ☐

July 1, 1976

Honorable John W. Warner  
Administrator  
American Revolution  
Bicentennial Administration  
2401 E Street, N. W.  
Washington, D. C. 20276

Dear Mr. Warner:

It was gratifying to receive your letter of June 21st and learn of your high regard for the liaison effected by Messrs. Deegan, [redacted] and [redacted].

I will convey your remarks to them and you may be certain that we will continue to work closely with you and your staff to achieve our mutual objectives.

Your cooperation and thoughtfulness in writing are most appreciated.

Sincerely yours,

Clarence M. Kelley  
Director

- 1 - Mr. Leavitt - Enclosure
- Personal Attention: Bring to the attention of SAs Joseph G. Deegan, [redacted] and [redacted]
- ① - Personnel File of SA Joseph G. Deegan - Enclosure
- 1 - Personnel File of SA [redacted] - Enclosure
- 1 - Personnel File of SA [redacted] - Enclosure

NOTE: Based upon information furnished the correspondent is not identifiable in Bufiles. Contact with Mr. Warner's office indicates he is a former Secretary of the Navy.  
DJC:mmm/cwc (7)

67-NOT DUPLICATE YELLOW  
10 JUL 6 1976

76

American Revolution  
Bicentennial Administration  
2401 E Street, N.W.  
Washington, D.C. 20276

JUN 21 1976

ROUTE TO D.O. FOR SIGNATURE

Honorable Clarence M. Kelley  
Director  
Federal Bureau of Investigation  
J. Edgar Hoover Building  
Washington, D.C. 20535

Dear Mr. Kelley:

Captain [redacted] has briefed me on your recent Conference on Possible Terrorist/Extremist Threats to the American Revolution Bicentennial Celebration and he has been keeping me up to date on your other activities in this area.

I would like to take this opportunity to tell you that we appreciate and admire the professional manner in which you and your dedicated people are making every effort to insure that the commemoration of our Nation's 200th Anniversary is not disrupted. We have been particularly impressed with the way Mr. Joseph Deegan, Mr. [redacted] and Mr. [redacted] of your Intelligence Division have carried out their liaison duties.

You may be assured that we will continue to do all we can to keep you informed of Bicentennial events being planned across the Nation so that you will be better equipped to carry out your law enforcement responsibilities.

In the Spirit of '76,

*Warner*

John W. Warner  
Administrator



Assoc. Dir.	_____
Dep.-A.D.-Adm.	_____
Dep.-A.D.-Inv.	_____
Asst. Dir.:	_____
Adm. Serv.	_____
Ext. Affairs	_____
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Telephone Rm.	_____
Director Sec'y	_____

EXP. PROC.

35 JUN 23 1976

b6

23 JUN 23 1976

CORRESPONDENCE

Telephonic Request Re Credit or Service Record Inquiry  
3-617 (7-21-71)

*Major Acceptance*  
Requested By  Date *5-21-76/ 2:20*  
Phone # *534-5969*

b6

Name of Employee or Former Employee  
(Include Maiden Name) *Joseph G. Deegan* Social Security Account No.

Desired Information

☒ 1. Verification of Employment ☐ 2. Personnel Record Check

Additional Information Including Reason for Inquiry

*1-29-51  
GS 16, \$37,800 p.e.  
Supv S. A.*

Action Taken

*Amuel*  
Employee Who Handled Inquiry

*3/Amuel*

67-NOT RECORDED  
3 MAY 25 1976

May 17, 1976

REC-94

EX-110  
- 102178-285  
Mr. Robert D. Conger  
Security Coordinator  
Burlington Industries, Inc.  
Post Office Box 21267  
Greensboro, North Carolina 27420

Dear Bob:

I was pleased to learn from your letter of May 6th, with enclosure, that the recent seminar sponsored by the North Carolina Chapter of the American Society for Industrial Security was so successful and a benefit to the community leaders. Your suggestion that a program of this nature be duplicated throughout the country is indeed appreciated and will be given every consideration.

Thank you for your generous comments regarding the presentations given by my colleagues at this conference. Your thoughtful communication will be brought to their attention and you may be sure each of those you named will be as grateful as I am for your kind remarks.

I, too, hope our paths will soon cross as I always enjoy visiting with former associates.

Sincerely yours,

Clarence

Clarence M. Kelley  
Director

MAILED 6

MAY 18 1976

FBH

- 1 - Charlotte - Enclosures (2)  
Personal Attention SAC: Bring to the attention of SAC, ASAC Henry J. Boeger and SAs [redacted], Edward J. Brennan and Mr. Ralph D. Hill
- 1 - Mr. Leavitt - Enclosures (2)  
Personal Attention: Bring to the attention of SAs Joseph G. Deegan and Sebastian S. Mignosa
- 1 - Mr. Mooney - Enclosures (2)

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
Comp. Syst. \_\_\_\_\_  
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Legal Coun. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

MM:ph (6)

SEE NOTE PAGE TWO

RECEIVED

JUN 18 1976

MAIL ROOM ☐ TELETYPE UNIT ☐

GPO : 1975 O - 569-920



Mr. Robert D. Conger

NOTE: Mr. Conger is a former SA who EOD 4/19/48 and retired 7/25/75 at which time he was Section Chief of the UCR Section. Upon completion, this communication should be routed to the Personnel File Unit of the Records Management Division so that appropriate personnel file copies can be made.

APPROVED: *RC*  
Assoc. Dir. ....  
Dep. AD Adm. ....  
Dep. AD Inv. ....  
Asst. Dir.:  
Adm. Serv. ....

Ext. Affairs. ....  
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Plan. & Eval. ....  
Rec. Mgmt. ....  
Spec. Inv. ....  
Training. ....

**Burlington Industries, Inc.**

May 6, 1976

Executive  
P. O. Box 2  
Greensboro

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Admin. \_\_\_\_\_  
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Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_  
FBI/DO

Honorable Clarence M. Kelley  
Director  
Federal Bureau of Investigation  
Washington, D. C. 20535

*on yellow*

Dear Clarence:

ROUTE TO D.O. FOR SIGNATURE *Dunn*

I want you to know the Bicentennial Seminar held May 5, 1976 at Charlotte, North Carolina was outstanding. The seminar was held within about three weeks of the original planning date and approximately 170 leaders of industry, banking, and law enforcement were in attendance.

This type of conference is of substantial assistance to industry and banking, and perhaps of equal importance it cements support for the FBI, and shows what business leaders think of the political statements and myths being espoused by some elected representatives.

SAC Edgar N. Best, ASAC Henry Boger, Supervisor [redacted], SAS [redacted], Edward Brennan, Ralph Hill and others of the Charlotte Division made a complete success of this conference.

Section Chief Joseph G. Deegan and Sebastian S. Mignosa of FBIHQ gave outstanding presentations relating to domestic and foreign terrorism.

I am enclosing one copy of the program and would urge this kind of program be considered for use throughout the country if it is not already being done.

Hope to see you at the annual IACP Conference, if not before.

Sincerely,

Robert D. Conger  
Security Coordinator

Enclosure

cc: SAC Edgar N. Best  
1120 Jefferson Standard Life Building  
North Carolina 28202

LEO/ack  
Mailing List  
Addition  
Change Made  
5.13.76 SOK

7 JUN 2 1976

CORRESPONDENCE  
RS. REC. UNIT

EX-100  
JUN 11 1976

ENCLOSURE

ack 5/11/76  
S.H.H.  
M.R.

FEDERAL BUREAU OF INVESTIGATION  
Under the Sponsorship of  
NORTH CAROLINA CHAPTER OF THE  
AMERICAN SOCIETY FOR INDUSTRIAL SECURITY

---

SEMINAR  
BICENTENNIAL TERRORISM  
FOREIGN TERRORISM  
BOMBING MATTERS - BOMB THREATS  
KIDNAP-HOSTAGE SITUATIONS

---

May 5, 1976

Downtowner East Motel  
South McDowell Street  
Charlotte, North Carolina

62-10217 ENCLOSURE 200

Wednesday, May 5, 1976

9:00 A. M. - 10:00 A. M.

Registration  
Refreshments

10:00 A. M.

Introduction  
William H. Platts, Chairman, ASIS

10:10 A. M.

Opening Remarks  
Edgar N. Best, Special Agent in  
Charge, Charlotte FBI Office

10:25 A. M.

"Bicentennial Terrorism"  
Joseph G. Deegan, Section Chief  
Intelligence Division, Domestic  
Terrorism, FBI Headquarters,  
Washington, D. C.

11:15 A. M.

"Foreign Terrorism"  
Sebastian S. Mignosa, Section Chief,  
Intelligence Division, Foreign  
Terrorism, FBI Headquarters,  
Washington, D. C.

12:00 Noon

Question and Answer Session

12:15 P. M.

Buffet Luncheon

1:30 P. M.

"Bombing Incidents - Bomb Threats"  
[redacted], Domestic Security  
and Bombing Supervisor, FBI, Charlotte

2:15 P. M.

Film, "Kidnap - Executive Style"

2:45 P. M.

Coffee Break

3:00 P. M.

"Kidnap-Hostage Situations"  
Special Agent [redacted]  
Kidnaping Coordinator, FBI,  
Charlotte

3:45 P. M.

Question and Answer Session

4:00 P. M.

Closing remarks, SAC Best

b6

April 23, 1976

Pers. Rec. Unit

REC-92 63-116433-28  
ST-101  
Mr. Kenneth R. Chapman  
Director  
Office of Nuclear Material  
Safety and Safeguards  
Nuclear Regulatory Commission  
Washington, D. C. 20555

Dear Mr. Chapman:

Thank you for your kind letter of April 15th. I was pleased to learn that the efforts of my representatives were of assistance to you and your associates. Your communication is a source of encouragement and you can be sure I will share it with my colleagues you named. It is always a pleasure to be of assistance in matters of mutual interest.

Sincerely yours,

C. M. Kelley.

Clarence M. Kelley  
Director

b6

1 - Mr. Leavitt - Enclosure

Personal Attention: Bring to the attention of SAs [redacted]  
Sebastian S. Mignosa, Robert L. Shackelford, Joseph G. Deegan,

and

NOTE: Mr. Chapman is not identifiable in Bufiles. Upon completion, this communication should be routed to the Records Management Division so that appropriate Personnel File copies can be made.

mn:kls (4)

APPROVED:

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_

Comp. Syst. \_\_\_\_\_  
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MAY 18 1976

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Admin. \_\_\_\_\_  
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Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

MAIL ROOM ☐

TELETYPE UNIT ☐



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
WASHINGTON, D. C. 20555

APR 15 1976

Assoc. Dir.	_____
Dep. AD Adm.	_____
Dep. AD Inv.	_____
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Admin.	_____
Comp. Syst.	_____
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Director Sec'y	_____

FBI/DOJ

ROUTE TO D.O. FOR SIGNATURE

Honorable Clarence M. Kelley  
Director, Federal Bureau of  
Investigation  
Washington, D. C. 20535

Dear Mr. Kelley:

I wish to extend my appreciation to you for the fine support provided to my Office by members of your staff during the past year. As you know, the Energy Reorganization Act of 1974, which abolished the Atomic Energy Commission and established the Nuclear Regulatory Commission (NRC), charged the Office of Nuclear Material Safety and Safeguards (NMSS) with the responsibility for provision and maintenance of safeguards against threats, theft, and sabotage relating to licensed nuclear facilities and materials. An important function of this Office is to maintain an awareness of current threats to the nuclear industry through analysis and interagency coordination.

In accomplishing the above function and in connection with studies mandated by Congress, we have met several times during the past year with personnel from the Federal Bureau of Investigation to acquire information, receive briefings, and discuss matters pertinent to the threat. In every case, the response was prompt, courteous, and helpful. We recognize the additional work load imposed by our requirements and appreciate the professionalism and cooperative spirit in which our requests were received.

In particular, I would like to mention the support provided to our threat validity studies, Special Safeguards Study, the briefings provided to me and my staff, and the continuous liaison provided by Mr. [redacted]. Please extend my thanks to Section Chiefs Sebastian S. Mignosa, Robert L. Shackelford, and Joseph G. Deegan, and Agents [redacted] for the assistance they have provided.

Sincerely,

REC-92

APR 16 1976

EX-112

Kenneth R. Chapman, Director  
Office of Nuclear Material Safety  
and Safeguards

CORRESPONDENCE

Pers. Rec. Unit

EXP-PROC

30 APR 16 1976

30

b6

add 12/76

April 14, 1976

Honorable William S. Thompson  
Superior Court Judge  
613 G Street, N. W.  
Washington, D. C. 20001

Dear Judge Thompson:

I am most appreciative of your letter of March 31st and of your generous remarks regarding the presentations made by Special Agents Benjamin H. Cooke and Joseph G. Deegan at the Winter meeting of the American Bar Association Standing Committee on World Order Under Law.

Communications such as yours are a source of much encouragement to my associates and me. Messrs. Cooke and Deegan share my gratitude for your kind comments and thoughtfulness in writing.

Sincerely yours,

Clarence M. Kelley  
Director

- 1 - Mr. Leavitt - Enclosure  
Personal Attention: Bring to the attention of SA Joseph G. Deegan
  - 1 - Mr. Gallagher - Enclosure  
Personal Attention: Bring to the attention of SA Benjamin H. Cooke
  - ① - Personnel File of SA Joseph G. Deegan - Enclosure
  - 1 - Personnel File of SA Benjamin H. Cooke - Enclosure
- NOTE: By letter 1/30/76, Mr. Thompson was advised of the tentative designation of SAs Deegan and Cooke to address the ABA Winter Conference. Local address per prior correspondence.  
mhb:bak (7)

DUPLICATE YELLOW

67-NOT RECORDED  
3 APR 20 1976

# AMERICAN BAR ASSOCIATION

STANDING  
COMMITTEE ON  
WORLD ORDER  
UNDER LAW

1155 EAST 60TH ST., CHICAGO, ILLINOIS 60637 TELEPHONE (312) 947-3943

March 31, 1976

*MHS*  
*13*

CHAIRMAN  
William S. Thompson  
Suite 205, Building B  
Superior Court of DC  
Washington, DC 20001

Bruno V. Bitker  
Milwaukee, WI

Thomas R. Brett  
Tulsa, OK

E. N. Carpenter, II  
Wilmington, DE

Donald T. Fox  
New York, NY

Gibson Gayle, Jr.  
Houston, TX

Rita E. Hauser  
New York, NY

REPRESENTATIVE TO THE  
UNITED STATES MISSION  
TO THE UNITED NATIONS

Max Chopnick  
New York, NY

ALTERNATE  
REPRESENTATIVE

Victor A. Lutnicki  
Boston, MA

OBSERVER TO THE  
UNITED NATIONS

Benjamin Busch  
New York, NY

BOARD OF  
GOVERNORS LIAISON

William C. Farrer  
Los Angeles, CA

STAFF LIAISON  
Mary L. Dolan

The Honorable Clarence Kelly  
Director  
The Federal Bureau of Investigation  
Washington, D.C.

Dear Mr. Kelly:

I am writing to thank you for receiving and acting on my request for the American Bar Association Standing Committee on World Order Under Law to provide speakers for the Winter meeting of the ABA Standing Committee in Puerto Rico and the Virgin Islands, March 1 - 5, 1976. *Malone*

Your Special Agents, Mr. Benjamin H. Cooke and Mr. Joseph G. Deegan, made fine presentations on the subject of terrorism, a major topic of the meeting; both were informative and perceptive about the problem and the steps to control terrorism. The Bureau was well represented.

Thank you very much.

Sincerely,

*Wm S Thompson*

William S. Thompson *WKS*  
Chairman, Standing Committee  
on World Order Under Law

6 APR 7 1976

COMMUNICATIONS  
SECTION

SIX

FIVE





# United States Department of the Interior

DEFENSE ELECTRIC POWER ADMINISTRATION  
WASHINGTON, D.C. 20240

*Place in Personnel File*

November 15, 1976

Mr. Joseph G. Deegan  
Section Chief, Intelligence Division  
Federal Bureau of Investigation  
9th & Pennsylvania Ave., N.W. Rm. 4042JEH  
Washington, D.C. 20533

Dear Mr. Deegan:

I wish to express my thanks for your excellent presentation before the DEPA Industry Advisory Committee on November 10.

Your discussion invoked great interest and was instrumental to the success of this meeting.

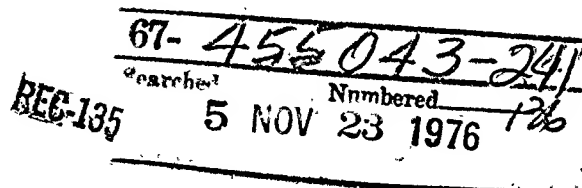
We appreciate greatly your personal contribution to further the industry-Government relationship.

Sincerely yours,



Defense Electric Power  
Administration

b6



7 NOV 25 1976

Save Energy and You Serve America!

31

*3-T45*

August 30, 1976

Mr. Thomas W. Leavitt  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Leavitt:

Commendation is warranted, through you, for the personnel of the Intelligence Division who participated so admirably with regard to the Bureau's obligations during the Bicentennial celebration in the Philadelphia, Pennsylvania, area.

As the result of the dedicated and professional manner in which these individuals carried out their important assignments, they helped insure the preparedness of the FBI and all other participating agencies for handling possible acts of disruption during the celebration. Please convey my deep appreciation to those concerned for their excellent efforts in this delicate endeavor.

Sincerely yours,

*Clarence M. Kelley*

Clarence M. Kelley  
Director

① Mr. Leavitt (Personal Attention)

A copy of this letter will be placed in the files of participating personnel after a receipt of names from Mr. Leavitt.

① Personnel file Section Chief Joseph G. Deegan

NOT RECORDED  
DEC 2 1976

1 - Mr.   
1 - Mr.

b6

November 24, 1976

BY LIAISON

Miss Frances G. Knight  
Director, Passport Office  
Bureau of Security and Consular Affairs  
Department of State  
1425 K Street, Northwest  
Washington, D. C.

FEDERAL GOVERNMENT  
REC-131  
PERS. REC. UNIT  
forwarded  
11/24/76  
JFK

Dear Miss Knight:

Special Agent Joseph G. Deegan of this Bureau will be traveling to Barbados, West Indies, on official business on December 1, 1976.

Mr. Deegan was born on February 10, 1925, at Brooklyn, New York, and has been employed by this Bureau since January 29, 1951. He will be applying in Washington, D. C., for an official passport to be used on this assignment.

It will be appreciated if you would issue an official passport to Mr. Deegan for his use in traveling to Barbados. After this has been done, please furnish the passport to my liaison representative and it will be forwarded to Mr. Deegan through our channels.

701-071  
67-455043-2472  
Searched. Numbered  
Sincerely yours, 3 DEC 6 1976

REC-131  
Clarence M. Kelley  
Director

JAP:tdp (8)  
1 - Foreign Liaison Unit (Detached)

NOTE:

This letter is necessary to obtain passport for travel to Barbados on official business.

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Adm. Serv. \_\_\_\_\_  
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Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

MAIL ROOM ☒

TELETYPE UNIT ☐

3 DEC 9 1976

November 15, 1976

Mr. Richard J. Gallagher  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Gallagher:

*Joseph C. Deegan*

Through you, it gives me considerable pleasure to commend the personnel who participated so admirably in the preparation of a substantial volume of material regarding Bureau sources in connection with the on-going civil action suit instituted by the Socialist Workers Party.

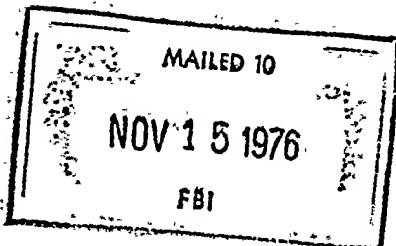
Despite the short deadline set, these individuals discharged their vitally important assignments in a most dedicated, enthusiastic, and competent fashion, and as a result of their professional efforts, contributed immeasurably to the completion of this most difficult task. I ask that you convey to all those concerned my deep appreciation for the splendid job that they did in behalf of our organization.

Sincerely yours,

*C. M. Kelley*

Clarence M. Kelley  
Director

DUPLICATE YELLOW



- Assoc. Dir. \_\_\_\_\_
- Dep. AD Adm. \_\_\_\_\_
- Dep. AD Inv. \_\_\_\_\_
- Asst. Dir.:
- Adm. Serv. \_\_\_\_\_
- Ext. Affairs \_\_\_\_\_
- Fin. & Pers. \_\_\_\_\_
- Gen. Inv. \_\_\_\_\_
- Ident. \_\_\_\_\_
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- Spec. Inv. \_\_\_\_\_
- Training \_\_\_\_\_
- Telephone Rm. \_\_\_\_\_
- Director Sec'y \_\_\_\_\_

1 - Mr. Gallagher (Personal Attention)

Please bring this letter to the attention of all participating personnel.  
A copy will be placed in their files.

1 - Mr. Mintz (Personal Attention)

Please bring this letter to the attention of SA [redacted].

A copy

1 - Miss Dean (Sent Direct)

LRG (30)

Based on Deegan-Gallagher memo 11-9-76 re Socialist Workers Party,  
ET AL. V. The Attorney General, ET AL.

Copies prepared and attached for placing in files of (OVER)

Richard J. Gallagher  
WDC

James O. Ingram  
Joseph G. Deegan

Joseph P. McMahon

b6

UNITED STATES GOVERNMENT

# Memorandum

TO : DIRECTOR, FBI

FROM : SAC, NEW HAVEN (80-1-12688)

SUBJECT: TERRORIST ACTIVITY SEMINAR;  
NEW HAVEN DIVISION

DATE: 12/10/76

On December 8, 1976, I had the pleasure of being a guest at a Seminar on Terrorist Activities sponsored by the Stamford Forum for World Affairs. Section Chief JOSEPH G. DEEGAN participated in this discussion together with Lieutenant General BENJAMIN O. DAVIS, Jr., USAF, Ret., and Ambassador DOUGLAS L. HECK, Special Assistant to the U. S. Secretary of State.

DEEGAN conducted himself in an exemplary fashion and throughout his presentation and answering of questions from the audience he very definitely impressed those present with being extremely knowledgeable of terrorist activities. He was certainly a credit to the Bureau and the comments that I heard immediately after the affair and since then from people who attended were all extremely complimentary of him.

It is recommended that a letter commending him for his presentation as set out above be forwarded to him.

PEC-131

67-455043-243	
Searched	Numbered
3 JAN 7 1977	

THREE  
PERS. REC. UNIT

Enclosure

②-Bureau  
1-New Haven  
TRD/cbs  
(3)



JAN 10 1977

SEE GENERAL INVESTIGATIVE DIVISION ADDEMDUM

PAGE 2

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

ADDENDUM: GENERAL INVESTIGATIVE DIVISION 12/20/76 RJG:cwb

I concur with recommendation of SAC, New Haven.

APPROVED:	Adm. Serv.....	Legal Coun.....
	Ext. Affairs.....	Plan. & Insp.....
Director.....	Fin. & Pers.....	Rec. Mgt.....
Assoc. Dir.....	Gen. Inv..... <i>g</i>	S. & T. Serv.....
Dep. AD Adm.....	Ident.....	Spec. Inv.....
Dep. AD Inv.....	Intell.....	Training.....

Appropriate Letter Attached for SA Joseph G. Deegan. (12-27-76)

PERSONNEL FILE OF:

DEEGAN, JOSEPH G.

5-78 (Rev. 11/1/76)

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
INTERNAL ROUTING/ACTION SLIP

TO	BLDG.	ROOM	NAME/TITLE/ORGANIZATION	TO	BLDG.	ROOM	NAME/TITLE/ORGANIZATION
			DIVISION FRONT OFFICE				SUPERVISORS
			(TL#)	JEH			(232) Mr. Aldhizer
JEH	5012	(233)	Mr. Gallagher	JEH			(232) Mr. Dorch
JEH	5012	(233)	Mr. Ingram	JEH			(232) Mr. DuHadway
JEH	5012	(233)	Miss Eggleston	JEH			(232) Mr. Felix
JEH	5012	(233)	Mrs. Leeper	JEH			(232) Mr. Fischer
JEH	5012	(233)	Miss McFarland	JEH			(232) Mr. Graham
JEH	5012	(233)	Mrs. Baldwin	JEH			(232) Mr. Heibel
			SECTION CHIEFS	JEH			(232) Mr. Howard
JEH	5030	(233)	Mr. Cooke	JEH			(232) Mr. Klein
JEH	4092	(232)	Mr. Deegan	JEH			(232) Mr. Lauer
JEH	5425	(243)	Mr. Hetherington	JEH			(232) Mr. McHargue
JEH	5121	(233)	Mr. Peelman	JEH			(232) Mr. McLanahan
JEH	5155	(233)	Mr. Rhyne	JEH			(232) Mr. McMahon
			SECTION FRONT OFFICE	JEH			(232) Mr. Mendenhall
JEH	4092	(232)	Mr. Newman	JEH			(232) Mr. Moran
JEH	4092	(232)	Mrs. Poston	JEH			(232) Mr. Morley
JEH	4092	(232)	Mrs. Meeks	JEH			(232) Mr. Pettus
			UNIT CHIEFS	JEH			(232) Mr. Powell
JEH		(232)	Mr. Deily	JEH			(232) Mr. Roberts
JEH		(232)	Mr. Harwood	JEH			(232) Mr. Shea
JEH		(232)	Mr. Lex	JEH			(232) Mr. Thornton
JEH		(232)	Mr. Maurice				*****
JEH		(232)	Mr. McCarthy	JEH	1B327	(152)	Mail Room
JEH		(232)	Mr. Nugent	JEH	6247	(244)	Teletype Unit
JEH		(232)	Mr. Schroeder				RECORDS SECTION
JEH	663		<i>Physical</i>	JEH	5648	(222)	Filing
			<i>Review</i>	JEH	4336	(111)	Mail Processing
				JEH	4336	(111)	(Place on record and Return)

*Re attached. Private doctor advised condition under control. Blood pressure*

<input type="checkbox"/> RECOMMENDATION/COMMENT	<input type="checkbox"/> LOG	<input type="checkbox"/> NECESSARY ACTION
<input checked="" type="checkbox"/> SEE REMARKS ON REVERSE	<input type="checkbox"/> FILE	<input type="checkbox"/> COORDINATE
<input type="checkbox"/> MAKE COPIES (NO. )	<input type="checkbox"/> SEE ME	<input type="checkbox"/> PER INQUIRY
<input type="checkbox"/> RETURN (BY )	<input type="checkbox"/> CALL ME	<input type="checkbox"/> INFORMATION
FROM <b>J. G. DEEGAN</b>	BLDG. <b>J. EDGAR HOOVER (JEH)</b>	ROOM
DOMESTIC SECURITY SECTION	PHONE	DATE
GENERAL INVESTIGATIVE SECTION		

FORM DOJ-359A  
8-1-74 rev

67-NOT RECORDED

8 DEC 9 1976

*No further action  
12-8-76  
Ho*

*Willis*



December 27, 1976

PERSONAL

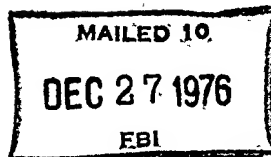
Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I have learned of your excellent participation relative to the Terrorist Activity Seminar sponsored by the Stamford Forum for World Affairs and I am indeed pleased to commend you.

The success of this meeting can be largely attributed to the enthusiastic and enlightening manner in which you conducted yourself throughout the presentation. Your worthwhile performance reflects creditably on both you and the FBI and I am most appreciative.

Sincerely yours,



C. W. Kelley

Clarence M. Kelley

Director

3 JAN 7 1977

1 - Mr. Gallagher (Personal Attention)

1 - SAC, New Haven (Personal Attention) For Your Information

1 - Miss Dean (Sent Direct)

BS (6)

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Intell. \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Insp. \_\_\_\_\_  
Rec. Mgt. \_\_\_\_\_  
& T. Serv. \_\_\_\_\_  
C. Inv. \_\_\_\_\_

Based on New Haven letter 12-10-76, addendum General Investigative Division 12-20-76, re Terrorist Activity Seminar; New Haven Division.

JAN 10 1977

MAIL ROOM ☒

TELETYPE UNIT ☐

FBI/DOJ

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Long *RE*  
FROM : S. R. Burns *SRB*  
SUBJECT: JOSEPH G. DEEGAN  
SPECIAL AGENT  
GENERAL INVESTIGATIVE DIVISION  
EOD: 1-29-51  
PRESENTATION OF RETIREMENT PLAQUE

DATE: 1-19-77 *RE*  
*TCK/print Kelly*  
*2 50 P 2/1/77*  
*Griffey*

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Rec. Mgnt. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

Mr. Joseph G. Deegan, Special Agent, General Investigative Division, is retiring effective 2-11-77, ceasing active duty same date. Mr. Deegan has advised he will be available to receive his award from the Director during this period of time.

A 25-Year Retirement Plaque has been ordered.

## RECOMMENDATION:

That this memorandum be forwarded to Director Kelley so that he may indicate whether he will be available to present Mr. Deegan's 25-Year Retirement Plaque and, if so, what date and time would be convenient for him.

REC-135

67-455743-245	
Searched	Numbered
8 JAN 25 1977	

- 1 - Miss Devine (Sent Direct)
  - 1 - Mr. Gallagher (Sent Direct)
  - 1 - Telephone Room (Sent Direct)
- TCK:jam  
(5)

5 FEB 16 1977

REMOVED BY SRO

JAN 27 1977

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan



5010-108

FBI/DOJ

Report of Exit and Separation  
FD-193 (Rev. 4-11-75)

TO: Mr. Gallagher

1-Mr. Gallagher

1-Mr. Long

FROM: J.O. Ingram

DATE: 1/17/77

Name of Employee  
JOSEPH G. DEEGAN

EOD Date  
1/29/51

Title  
Special Agent - Section Chief

Last Local Address  
Falls Church, Virginia 22046

Forwarding Address (include Zip Code, if known)  
Same

Cease-active-duty Date (hour and last day physically at work)  
cob 5:30 p. m. 2/11/77

Working Hours (include workweek if other than Monday - Friday)  
9:00 - 5:30

Interview Conducted By (Signature)

Title

James O. Ingram

Deputy Assistant Director

LEAVE DATA

Leave category ☐ 4 ☐ 6 ☒ 8

Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date: AL 264 SL 1929

Hours of annual leave carried over at beginning of current leave year: AL 240 SL

Leave to be used prior to cease-active-duty date: None

Note: Public Law 93-181 provides employees are paid for all annual leave credited to employee in year of separation.

If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL SL

READ BEFORE INTERVIEWING

Purposes:

- 1 - Obtain real, motivating reason for resignation
- 2 - Save a valuable employee if possible
- 3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item M. Comments.

A.

1. ☐ Return to Home Area
2. ☐ Homesick for Family and Friends
3. ☐ Unable to Adjust to City Environment
4. ☐ Living Costs.
5. ☐ Transportation
6. ☐ Housing
7. ☐ Concern Over City Life (Crime, etc.)
8. ☐ Dissatisfaction With Assignment
9. ☐ Dislike of Production or Work Standards
10. ☐ Dislike Performing Overtime
11. ☐ Dislike Shift Assignment
12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)
13. ☐ Working Conditions (other than physical plant)
14. ☐ Lack of Promotional Opportunity

B.

15. ☐ Military
16. ☐ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment). Check both reason and type.  
Reason:  
☐ a. Promotional  
☐ b. Enter different field  
Type:  
☐ a. Other Government employment  
☐ b. Private industry  
☐ c. Self-employment
17. ☐ Poor Health (Self)
18. ☐ Poor Health (Family)
19. ☐ Marriage
20. ☐ Maternity
21. ☐ Attend School; ☐ locally; ☐ other area
22. ☐ Change of Residence (husband or family moving)
23. ☐ Housewife or Child Care
24. ☐ Resignation requested
25. ☐ Removal  
☐ All involuntary separations  
☐ Abandonment of position - failed to submit resignation
26. ☐ Resigned during administrative inquiry
27. ☒ Retirement  
☒ Optional (including liberalized); give reason
28. ☐ Disability
29. ☐ Other (Explain under comments)

C. 1. Did employee violate terms under transfer agreement, 3-34b ☐ Yes ☒ No; Foreign Assignment, FD-382 ☐ Yes ☒ No; Government Employees Training Act, FD-375 ☐ Yes ☒ No; transportation expense agreement, 12-69? ☐ Yes ☒ No

2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☒ No If yes, specify agreement(s) involved and explain under Item M. Comments.

3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No

4. If answer to either question 1 or 3 above is "yes":

a. ☐ Advised employee any money due being held in abeyance until determination is made as to any indebtedness.

b. ☐ Advise Bureau of resignation, Attention Data Processing Section on ☐ teletype ☐ telephone

(over)

FEB 14 1977

D. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)

E. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.

F. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions). ☒ Yes ☐ No

G. If employee is resigning for maternity purposes, appropriate block must be marked:

☐ Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.

☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.

☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)

H. Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No

I. Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage he/she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036. ☒ Yes ☐ No

J. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No

K. Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No

L. The retiring employee is qualified and desires the ☐ 20-year plaque ☒ 25-year plaque ☐ 30-year plaque.

M. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)

## Retirement

N. Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.

O. For SA Employees Only, Have reason(s) for resigning been thoroughly discussed with employee? Does employee understand that favorable consideration may not be given for reinstatement unless reason(s) for resigning were compelling and beyond employees control? ☐ Yes ☐ No

P. Recommendations re reinstatement: ☐ Yes ☒ No (If No, explain why.) Retired

**PROBE INTERNATIONAL, INCORPORATED**

P. O. BOX 3364  
STAMFORD, CONNECTICUT 06905  
TELEPHONE (203) 329-9595  
CABLE: PROBE

**OUTSIDE SOURCE**

January 3, 1977

Mr. Clarence M. Kelley  
Director  
FEDERAL BUREAU OF INVESTIGATION  
U.S. Department of Justice  
Washington, DC 20535

Dear Mr. Kelley:

We would appreciate very much having Mr. Joseph Deegan speak at our January 11-12 meeting, Terrorism and the American Corporation, which will be held in Los Angeles.

These meetings are held to acquaint U.S. companies with the problems of terrorism in the United States and abroad, and to discuss the steps companies can take to protect the lives and property of their employees and dependents and customers.

Mr. Deegan has spoken previously at these sessions. His presentation has proven extremely valuable and reflects admirably on the professionalism of the Bureau.

With best wishes for the New Year.

Sincerely yours,

EX-109

BW:eh

1-35  
1-19

REC-19

94-9-32-37

b6

23 JAN 6 1977

2 FEB 2 1977

76

CORRESPONDENT

Assoc. Dir.	
Dep. AD Adm.	
Dep. AD Inv.	
Asst. Dir.:	
Adm. Serv.	
Ext. Affairs	
Fin. & Pers.	
Gen. Inv.	
Ident.	
Insp.	
Intell.	
Lab.	
Legal Coun.	
Off. Cong. & Public Affs.	
Rec. Mgmt.	
S. & T. Serv.	
Spec. Inv.	
Training	
Telephone Rm.	
Director's Sec'y	

EXP. PROC.  
33 JAN 6 1977

## RETIREMENT INFORMATION

Name: **Joseph G. Deegan**Date: **1-21-77**

## APPLICATION

☒ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for processing.

## DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit you should submit a note over your signature to be attached to your Application for Retirement (Standard Form 2801) requesting amount due and you will be given the opportunity to make a lump-sum payment before completion of retirement processing by CSC. An applicant for retirement is automatically given an opportunity to make a redeposit at the time the application for retirement is processed by CSC. CSC desires that an employee not file an Application for Deposit or Redeposit (Standard Form 2803) if retirement is contemplated within six months.

☐ Not applicable.

☒ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ 768.

☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ \_\_\_\_\_.

## ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 0 year, 11 months, 9 days of accrued sick leave, ☒ other civilian Government service and/or ☒ military service known to us, totalling 31 years, 9 months, 0 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement cannot be made final until CSC has notified FBI of the approval of your application.

## TYPES OF ANNUITY

## Married applicants only

	With Deposit	Without Deposit	With Redeposit	Without Redeposit	With Deposit & Redeposit
<input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program)	\$ <u>2005</u>	\$ <u>2000</u>	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Annuity Without Survivor Benefit	\$ <u>2203</u>	\$ <u>2197</u>	\$ _____	\$ _____	\$ _____

## Unmarried applicants only (Including Widowed or Divorced)

<input type="checkbox"/> Annuity without Survivor Benefit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Reduced Annuity With Benefit to Person having an Insurable Interest	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Survivor Annuity (55% of all or the portion of your annuity specified)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

plus annuity for each eligible child.

## SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 2-11-77 your annuity will commence 2-12-77

immediately following the ☒ cease active duty date or ☐ expiration of sick leave on \_\_\_\_\_  
 earned through \_\_\_\_\_. Item B2 on application ☐ changed to ☐ should be changed to close of business

\_\_\_\_\_. If sick leave was or will be used by you, this may change the effective date of your retirement and shorten your total length of service.

☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.

☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.

☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.

☒ You should send CSC over your signature any change in address, setting out your CSA (retirement) number.

☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 4000. If it is necessary for you to use annual leave prior to your cease active duty date, the lump-sum payment you receive will, of course, be less.

67-455043-246  
ENCLOSURE

(over) FBI/DOJ

3/1/78

**FEDERAL EMPLOYEES' GROUP LIFE INSURANCE**  
 (5) Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ **42,000**

- You may continue your group life insurance coverage following retirement or convert it to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age beginning at \$1.73 monthly for persons under age 35 and ranging to \$30.33 monthly for persons age 60 or over. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, CSC will deduct the cost from your annuity. You must have had Optional Insurance for all of your service during which it was available (first offered in (1968) or for 12 years immediately before your retirement. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying CSC and still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular or Optional Insurance.

- Note:** If the annuity of an insured retired employee is terminated under any applicable law or regulation, his regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

☒ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.

This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

☐ Records show you elected not to enroll.

- Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

**SAMBA LIFE INSURANCE** - The life insurance you carry under SAMBA on yourself and dependents will continue in force until 1-10 or 7-10 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 21. You may elect to continue to age 70 at group rates 50% of the life insurance on you, your spouse, and children as follows:

[illegible]

If you desire to convert 50% of your present life insurance, write within 31 days before your coverage terminates to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. You may continue this coverage until January 10 or July 10 which coincides with or next follows your attainment of age 70. You will be billed on a semi-annually basis on January 10th and July 10th. At age 70, this coverage will terminate and you may then convert the amount of life insurance carried with SAMBA on you and your spouse to a regular policy with The Prudential Insurance Company of America.

At retirement the 50% of SAMBA Life Insurance that cannot be continued with SAMBA may be converted to a regular policy with Prudential on you and your spouse, but not on the children. The premium will be the same as if you and your spouse applied for an individual policy at that time. You may make the necessary conversion arrangement through the nearest Prudential Office.

**SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)**  
If you are a member of SATI upon retirement, you cannot continue the Long Term Disability (In-Hospital Income, Salary Continuation and Pension Supplement). You may continue the Accidental Death, Dismemberment and Permanent Total Disability, and the Accident Indemnification at the same rates and amounts to age 65. You may also continue the coverage on your spouse to age 65 and your dependent children from age 1 to 19 (or 23 if full-time student.) Upon retirement your premium cannot be withheld by payroll allotment. You should contact Wright & Company who in turn will issue a monthly premium payment book. Upon attainment of age 65 you may only continue the Accidental Death and Dismemberment but not the Permanent Total Disability portion to a maximum of \$25,000 on you and your spouse to age 75. The cost will be 19¢ per month per thousand. Upon the death of an insured employee, the insured spouse and dependent children may continue their insurance until age 65 or age 18. The Accident Indemnification cannot be continued after age 65. If you retire due to disability and belong to SATI, you should contact Wright and Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.

☐ Standard Form 2801, "Application for Retirement"  
☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"  
☒ Pamphlet, "Your Retirement System."  
☐ Standard Form 2801-B, "Physician's Statement," for disability retirement.



**ADDITIONAL INFORMATION  
IN SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT**

*(To be completed by agency employing office and attached to employee's application for retirement)*

**GENERAL INSTRUCTION:** Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

**SPECIFIC INSTRUCTION:** Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

**A. IDENTIFICATION OF APPLICANT**

1. NAME OF APPLICANT (Last, First, Middle)	2. DATE OF BIRTH (Month, Day, Year)	3. SOCIAL SECURITY ACCOUNT NUMBER
<b>DEEGAN, JOSEPH GEORGE</b>	<b>2-10-25</b>	<b>090 12 2131</b>

**B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY**

1. SERVICE COMPUTATION DATE (Month) (Day) (Year)	2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)?
<b>4-17-46</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

**IMPORTANT:** SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is **NOT** acceptable for retirement purposes. If employee claims civilian service **NOT** verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM (If any)	REMARKS
* 10-18-48	Appointed	\$1.42 p/hr.	USPO	*(SF-2803	sent to CSC 4-15-71-
			New York, New York	CSD 607	-468)
* 10-2-50	Terminated				
1-29-51	Appointed		FBI	CS	(Retirement deductions began)
2-11-77	Ret. Lib.				
<b>TOTAL VERIFIED CIVILIAN SERVICE</b>				<b>27-11-28</b>	
<b>TOTAL UNVERIFIED CIVILIAN SERVICE</b>				<b>0-0-0</b>	

**C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)**

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT?	NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (By prior comparison with official military discharge certificate) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

**IMPORTANT:** SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY
4-5-44	2-1-47	U. S. Marine Corps	Honorable	None
<b>TOTAL VERIFIED MILITARY SERVICE</b>				<b>2-9-27</b>
<b>TOTAL UNVERIFIED MILITARY SERVICE</b>				<b>0-0-0</b>

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY?	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (See FPM Supplement 831-1, Retirement, Subchapter SS-5f.)
<input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available.	<input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available.
<input checked="" type="checkbox"/> No.	<input checked="" type="checkbox"/> No. (Includes cases where waiver unnecessary)

CSC 1084  
May 1971

**ALSO COMPLETE AND CERTIFY OTHER SIDE OF THIS FORM**

*3/24/8*



# D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, <u>attach</u> agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• <u>Attach</u> certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • <u>Attach Duplicate</u> copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send <u>Original</u> copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

## E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)

☒ YES. Enter following information below:

☐ Eligible to continue regular insurance only.

☒ Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:

**2-14-68**

(Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)

☐ NO. Give reason below:

☐ Less than 12 years service for life insurance purposes and retirement not for disability.

☐ Waived all life insurance coverage.

☐ Not eligible for life insurance.

☐ Other (specify)

2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)

☒ YES. Enter following information:

**442**

Enrollment Code Number

**3205617**

Carrier Control Number

☐ NO. Give reason below:

☐ Less than 12 years service for health benefits purposes and retirement not for disability.

☐ Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less.

☐ Not enrolled for health benefits.

☐ Other (specify)

3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.

### PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT

SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.

#### LIFE INSURANCE DOCUMENTATION

☐ Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)

NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.

#### HEALTH BENEFITS DOCUMENTATION

☐ Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.

### PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE

SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.

#### LIFE INSURANCE DOCUMENTATION

☒ Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.

#### HEALTH BENEFITS DOCUMENTATION

☒ Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.

## F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter S22.

## G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.

SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL

OFFICIAL TITLE

**Personnel Officer**

DATE

**1-21-77**

AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE

**FBI (202) 324-4981  
10th St. & Penna. Ave., N. W.  
Washington, D. C. 20535**

January 14, 1977

Mr. Clarence M. Kelley  
Director  
Federal Bureau of Investigation  
Washington, D. C.

*Mr. Kelley*

Dear Mr. Kelley:

I hereby respectfully submit my request  
for retirement, effective February 11, 1977.

As you know, it is a very difficult  
decision to make after so many, many years of  
Bureau service. I have been offered an employment  
opportunity in private industry and I feel that  
at this stage of my life it will be more beneficial  
to my family if I change employment.

I will be working as a Security Specialist  
for the Baltimore Gas and Electric Company,  
Baltimore, Maryland, and naturally, if there is  
anything I can do to assist the Bureau, I will be  
more than happy to do so.

I would appreciate being placed on the  
mailing list for the "Investigator, The Law Enforce-  
ment Bulletin," and any other Bureau publications  
that are available to Retired Agent Employees.

My mailing address will be 7403 Fairwood  
Lane, Falls Church, Virginia 22046.

Sincerely,

*Joseph G. Deegan*  
Joseph G. Deegan

*Ret ack 1-21-77*  
*NSG:mlr*

REC-112 67-453043-246  
7403 Fairwood  
5 FEB 9 1977 19

*3/28/77*

January 21, 1977

PERSONAL

Mr. Joseph G. Deegan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Deegan:

I have your letter of January 14, 1977, submitting your application for retirement, and am sorry to see you leave.

You have served the FBI with distinction, and the Bureau has benefited most substantially from the dedicated and effective manner in which you have performed your assignments. The fine record you have established is one of which you can indeed be proud, and I want to take this opportunity to express my gratitude for your assistance.

It will be a pleasure to place your name on our mailing list to receive "The Investigator" and the Law Enforcement Bulletin as you requested. Thank you for your offer to be of further assistance, and I hope that the future will be a time of great happiness for Mrs. Deegan and you, fulfilling all of your expectations.

Salary GS 16 (5-4) \$ 32,600  
Sincerely yours,

151 Clarence Kelley

Clarence M. Kelley  
Director

Assoc. Dir.  
Dep. AD Adm.  
Dep. AD Inv.  
Asst. Dir.:  
Adm. Serv.

NJG/mbe (8)

Ext. Affairs

Fin. & Pers.

Gen. Inv.

Ident.

Inspection

Intell.

Laboratory

Legal Coun.

Plan. & Eval.

Rec. Mgnt.

Spec. Inv.

Training

Telephone Rm.

Director Sec'y

Form 3-496 for your information. SA Deegan will be interviewed in the Personnel Section and provided with pertinent retirement information.  
- Mrs. Smith  
- Data Processing Section (Sent Direct)  
- Mrs. Collins (Last physical on 8-27-76)  
- Mr. Monroe -- SA Deegan's cease active duty date is 2-11-77. EOD 1-29-51, SA. Forwarding address: 7403 Fairwood Lane, Falls Church, Virginia 22046.

MAIL ROOM ☒ TELETYPE UNIT ☐

See NOTE Page 2

FBI/DOJ

Mr. Joseph G. Deegan

(Continued)

NOTE: SA Deegan is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as a Supervisory Special Agent, General Investigative Division, in GS-16, \$39,600 per annum.

APPROVED:

Director.....	Adm. Serv.....	Legal Coun.....
Assoc. Dir.....	Ext. Affs.....	Plan. & Insp.....
Dep. AD Adm.....	Ident.....	Rec. Mgmt.....
Dep. AD Inv.....	Intell.....	Spec. Inv.....
		Training.....

*WED/FA* *PSL/DB*

NAME JOSEPH G DEEGAN

EOD 1/29/51

- (1) How many cases have you presented to the USA? 2
- (2) Have you filed a complaint before a USC? Yes
- (3) Have you testified in moot court? Yes
- (4) Have you testified at a USC's hearing? No
- (5) Have you testified before a Federal Grand Jury? No
- (6) Have you testified in a U. S. District Court? No
- (7) Do you use the touch system in typing your rough drafts? Learning
- (8) Approximately how many times have you dictated to a stenographer? 5
- (9) Have you participated in the apprehension of a fugitive? Yes
- (10) List the classification of the various types cases you have handled.  
25, 26, 88, 91, 116, 67, 66,
- (11) How many sources of information have you developed? None **REMOVED FROM FIELD**
- (12) How many potential confidential informants have you developed? 67 **PERSONNEL FILE**
- (13) Have you developed any confidential informants (ND or G)? No **NOT RECORDED**
- (14) How many plant informants have you developed? None
- (15) How many American Legion contacts have you made? 36
- (16) Have you helped prepare an apprehension teletype to Bureau and notifications  
to auxiliary offices? Yes
- (17) Have you helped prepare a press release? Yes
- (18) Have you placed a fugitive in the County Jail after apprehension? Yes
- (19) Approximately how many signed statements have you taken? 4
- (20) Have you filled out interview logs? yes
- (21) A. Have you obtained evidence? No  
B. Then handled the submission, recording, and filing of this evidence  
at the office?
- (22) Have you handled credit and criminal checks? Yes

#6 FEB 26 1979

67-4857-18

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. R.J. Gallagher

DATE: 2/8/77

FROM : J.G. Deegan *JGD*

SUBJECT: RETIREMENT OF SECTION CHIEF JOSEPH G. DEEGAN  
DOMESTIC SECURITY SECTION  
GENERAL INVESTIGATIVE DIVISION

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Rec. Mgt. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

This is to advise that I am changing my retirement date from February 11 to February 25, 1977, in order to obtain some of the benefits proposed under the forthcoming pay legislation for certain Government employees.

I intend to take annual leave on February 22, 23 and 24.

ACTION:

If approved, this memorandum should be furnished to Finance and Personnel Division; Attention: Mrs. Foley, for appropriate handling.

67-455043-247

Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
5 FEB 14 1977 79

TDP (4) *HJP*

- 1 - Finance and Personnel Division (Attn: Mrs. Foley)
- 1 - Mr. Gallagher
- 1 - Mr. Deegan

APPROVED:

Director \_\_\_\_\_  
Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. *2/8/77*  
Ident. \_\_\_\_\_  
Intell. \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Insp. \_\_\_\_\_  
Rec. Mgt. \_\_\_\_\_  
S. & T. Serv. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_

WS, fb,  
56, RS prep, smt, BGP

OK to amend.

*MCF:nyf*  
2-9-77

3/1/77

*12/2/77*



FEB 16 1977

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

**EMPLOYEE SERVICE STATEMENT**  
(See information on reverse)

1. NAME (CAPS) LAST-FIRST-MIDDLE  <b>DEEGAN, JOSEPH GEORGE</b>	MR.-MISS-MRS.  	2. BIRTH DATE (Mo., Day, Yr.)  <b>2-10-25</b>	3. SOCIAL SECURITY NO.  <b>090-12-2131</b>	4. STATEMENT NO.  <b>1</b>
--	-----------------------	--	--	----------------------------------

5. SERVICE SUMMARY	FROM			TO			SERVICE			CIVIL SERVICE RETIREMENT DEDUCTIONS YES NO	IF "NO" NAME OTHER RETIREMENT SYSTEM
	MO.	DAY	YR.	MO.	DAY	YR.	YRS.	MOS.	DAYS		
A. PREVIOUS CIVILIAN SERVICE							<b>1</b>	<b>11</b>	<b>15</b>		
B. SERVICE PERFORMED IN THIS AGENCY	<b>1</b>	<b>29</b>	<b>51</b>	<b>2</b>	<b>11</b>	<b>77</b>	<b>26</b>	<b>0</b>	<b>13</b>	<b>X</b>	
C. MILITARY SERVICE	<b>4</b>	<b>5</b>	<b>44</b>	<b>2</b>	<b>1</b>	<b>47</b>	<b>2</b>	<b>9</b>	<b>27</b>		
D. ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE ➡							<b>30</b>	<b>9</b>	<b>25</b>		

6. COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM — YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION, IS INDICATED BELOW:

- ☐ NONE — TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT
- ☐ DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND

- ☐ LUMP SUM REFUND ONLY
- ☒ IMMEDIATE ANNUITY

7. REMARKS CONCERNING SERVICE ENTRIES ABOVE:

8. SIGNATURE OF EMPLOYEE  <i>Joseph G Deegan</i>	DATE  <b>1-25-77</b>	11. AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND ADDRESS  <b>FEDERAL BUREAU OF INVESTIGATION ROOM 6055 J. EDGAR HOOVER BUILDING 10th STREET &amp; PENNSYLVANIA AVE, N. W. WASHINGTON, D. C. 20535</b>  <i>3/1/77</i>
9. SIGNATURE OF AGENCY OFFICIAL  <i>L. Ray Burns</i>	DATE  <b>1-19-77</b>	
10. TITLE OF AGENCY OFFICIAL  <b>67-NOT RECORDED Personnel Officer 1977</b>		

2815-101

3. Official Personnel Folder Copy — Completion Instructions on Reverse

STANDARD FORM 2815  
MARCH 1974  
FPM SUPPLEMENT  
831-1

## INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

**Items 1-3** Must agree with SF-50.

**Item 4** Number statements in consecutive order.

**Item 5** Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.

**Item 6** Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (*Only one box is to be checked*).

**None**—Check if the employee transfers to another position subject to the Civil Service Retirement System.

**Refund Only**—Check if the employee fails to meet either of the two general requirements for retirement upon separation: (A) 5 years total civilian service and (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("*one of two*" rule)

**Deferred Annuity or Refund** — Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

**Immediate Annuity** — Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service (Years)	Special Requirements
62 1/2	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary without cause or during a major reduction in force as determined by the Civil Service Commission.
50	20	
Any age	5	Total disability; "one of two" rule, above, does not apply.

**Item 7** Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.

**Item 8** The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.

**Items 9-11** The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.

**NOTE:**

A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.



RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 1-24-77

I certify that I have ☐ received ☐ returned the following Government property for official use:

TEMPORARY FBI IDENTIFICATION CARD # 56

*18/15/77*

RETIRING AGENT

Reason for Returning: ☐ Absence for Maternity Reasons ☐ Military Leave ☐ Resignation ☐ Retiring

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANYWAY.

NOT RECORDED

8 JAN 24 1977

Very truly yours,

(Signature)

*Joseph G. Deegan*

(Typed name)

JOSEPH G. DEEGAN

# FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT

*Deegan, Joseph G.*

FD-40  
3-25-47

OFFICE	MO. YR.	HS	PPC	SG	.30	MG	OTHER GAS	DT RD	M.P.P.	QUALI- FIED
<i>Indianapolis</i>	<i>4/51</i>				<i>86</i>	<i>95</i>				<i>Bulls-eye</i>
"	<i>5/51</i>	<i>65</i>	<i>69</i>	<i>90</i>						
"	<i>6/51</i>	<i>80</i>	<i>73</i>	<i>✓</i>		<i>76</i>				
"	<i>7/51</i>	<i>84</i>	<i>67</i>	<i>✓</i>		<i>76</i>				
"	<i>8/51</i>	<i>88</i>	<i>68</i>	<i>100</i>						
"	<i>9/51</i>				<i>80</i>	<i>66</i>				
"	<i>10/51</i>								<i>✓</i>	
"	<i>11/51</i>								<i>✓</i>	
"	<i>12/51</i>								<i>✓</i>	
"	<i>1/52</i>								<i>✓</i>	
<i>DETROIT</i>	<i>3/52</i>						<i>#61</i>	<i>REMOVED FROM FILE</i>	<i>2-52</i>	
	<i>3/52</i>						<i>2-26-79</i>	<i>NOT RECORDED</i>		
	<i>5/52</i>	<i>70</i>	<i>73</i>	<i>✓</i>		<i>80</i>		<i>✓</i>		
	<i>6/52</i>			<i>8</i>	<i>69</i>	<i>60</i>	<i>✓</i>			<i>makeup</i>
	<i>6/52</i>	<i>78</i>	<i>70</i>	<i>100</i>						<i>apt. 52</i>
	<i>7/52</i>	<i>90</i>	<i>64</i>	<i>✓</i>		<i>82</i>		<i>✓</i>		
	<i>8/52</i>	<i>88</i>	<i>65</i>				<i>✓</i>			
<i>In service</i>	<i>9/52</i>	<i>74</i>	<i>70</i>	<i>#2</i>	<i>63</i>	<i>70</i>				
<i>N.Y.C.</i>	<i>11/52</i>									<i>MPP</i>
	<i>2/53</i>									<i>MPP</i>
<i>#61</i>	<i>3/53</i>									<i>MPP</i>
<i>2-26-79</i>	<i>JUN 53</i>	<i>72</i>	<i>66</i>	<i>90</i>	<i>71</i>	<i>64</i>				
	<i>JUL 53</i>	<i>80</i>	<i>75</i>	<i>19/25</i>		<i>66</i>				
<i>NEW YORK</i>	<i>SEP 53</i>	<i>86</i>	<i>68</i>	<i>100</i>		<i>64</i>				
<i>NEW YORK</i>	<i>NOV 53</i>									

*67-25753-22*

SEARCHED	INDEXED
SERIALIZED	FILED
DEC 2 1953	
FBI - NEW YORK	

*Deegan, Joseph*

**EMPLOYEE SERVICE STATEMENT**  
(See information on reverse)

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>DEEGAN, JOSEPH GEORGE</b>	(MR-MISS-MRS.)	2. BIRTH DATE (Mo., Day, Yr.) <b>2-10-25</b>	3. SOCIAL SECURITY NO. <b>090-12-2131</b>	4. STATEMENT NO. <b>2</b>
--	----------------	--	--	------------------------------

5. SERVICE SUMMARY	FROM			TO			SERVICE			CIVIL SERVICE RETIREMENT DEDUCTIONS YES NO	IF "NO" NAME OTHER RETIREMENT SYSTEM
	MO.	DAY	YR.	MO.	DAY	YR.	YRS.	MOS.	DAYS		
A. PREVIOUS CIVILIAN SERVICE											
B. SERVICE PERFORMED IN THIS AGENCY	<b>1</b>	<b>29</b>	<b>51</b>	<b>2</b>	<b>27</b>	<b>77</b>	<b>26</b>	<b>0</b>	<b>29</b>	<b>X</b>	
C. MILITARY SERVICE	<b>4</b>	<b>5</b>	<b>44</b>	<b>2</b>	<b>1</b>	<b>47</b>	<b>2</b>	<b>9</b>	<b>27</b>		
D. ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE ➡							<b>30</b>	<b>10</b>	<b>11</b>		

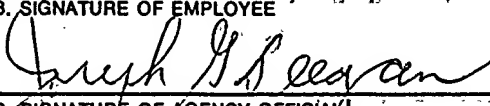

6. COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM — YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION, IS INDICATED BELOW:

- |  |   |
|--|---|
| <input type="checkbox"/> NONE — TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT | <input type="checkbox"/> LUMP SUM REFUND ONLY         |
| <input type="checkbox"/> DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND                 | <input checked="" type="checkbox"/> IMMEDIATE ANNUITY |

7. REMARKS CONCERNING SERVICE ENTRIES ABOVE:

**CORRECTION**

**\*SF-2803 sent to CSC 4-15-71 - CSD 607 468.**

8. SIGNATURE OF EMPLOYEE 	DATE	11. AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND ADDRESS  FEDERAL BUREAU OF INVESTIGATION ROOM 6065 J. EDGAR HOOVER BUILDING 10th STREET & PENNSYLVANIA AVE , N. W. WASHINGTON, D. C. 20535
9. SIGNATURE OF AGENCY OFFICIAL 	DATE <b>3-2-77</b>	
10. TITLE OF AGENCY OFFICIAL <b>Personnel Officer 35</b>		

2815-101

**NOT RECORDED** Official Personnel Folder Copy — Completion Instructions on Reverse  
4 MAR 14 1977

STANDARD FORM 2815  
MARCH 1974  
FPM, SUPPLEMENT  
831-1

MAILED

DEC 21 1978

NAME CHECK

December 22, 1978

MR. JOSEPH GEORGE DEEGAN

The following pertains to the former employment in the Federal Bureau of Investigation of captioned individual.

Date of entry on duty: January 29, 1951

EOD title, grade  
and salary: Special Agent, Grade GS 10,  
\$5000 per annum

Duties performed as Special Agent  
following period of training: Investigative and  
supervisory duties

Date of separation: February 27, 1977

Reason for leaving: Retired

Title, salary and grade at  
time of separation: Supervisory Special Agent,  
\$43,592 per annum in  
Grade GS 16

His services were satisfactory and nothing was known which would reflect unfavorably on his character or integrity during the period of his employment with this Bureau.

Memorandum prepared for the Name Check Section for transmittal to

CSC-(NRC)

Mr. W. R. Johnson

dks: eag\*(5) 67-455043

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. Servs. \_\_\_\_\_  
Crim. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Insp. \_\_\_\_\_  
Rec. Mgmt. \_\_\_\_\_  
Tech. Servs. \_\_\_\_\_  
Training \_\_\_\_\_  
Public Affs. Off. \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director's Sec'y \_\_\_\_\_

NOT RECORDED

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI, and is loaned to your agency; it and its contents are not to be distributed outside your agency. This reply is a result of check of FBI investigative files. To check arrest records, request must be submitted to FBI Identification Division. Fingerprints are necessary for positive check.

MAIL ROOM ☐

38

FBI/DOJ

SEARCH SLIP

Subj:

Desjard, Joseph George

R#

19

Date

12/3

Searcher

Number

34

Prod:

FILE NUMBER

SERIAL

~~167-455043~~

DEC 15 1978

DEC 15 1978

R-144C  
DATA FOR NONSENSITIVE OR NONCRITICAL-SENSITIVE POSITION  
K19  
341

**IMPORTANT**  
Particular care must be used in completing the items numbered 1 through 4. READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE ANSWERING ANY OF THESE ITEMS.

7 DATES & PLACES OF RESIDENCE  
From To From To

8/77 thru present  
7/64 to 8/77  
1962 to 1964  
1959 to 1962  
1958 to 1959

1 A FULL NAME - LAST, FIRST AND MIDDLE  
**DEEGAN, JOSEPH GEORGE**  
B OTHER NAMES USED  
N/S  
2 ARMED SERVICES SERIAL NO. AND DATES AND BRANCH OF SERVICE  
971022 USMC  
1944 - 1947  
3 SOCIAL SECURITY NO.  
090-12-2131  
Security Spec.

DEC 11 1972  
SR79006271  
2/10/25 Brooklyn, NY  
NRG,  
Baltimore Gas and Electric Company  
P.O. Box 1475, Balto., Md. 21203

8212 Thornton Road	Towson, MD	21204
7403 Fairwood Lane	Falls Church, VA	Unknown
57 Oak Road	Briarcliff, NY	Unknown
Unknown	Monroe, Louisiana	Unknown
Unknown R-NAC	New Orleans, Louisiana	Unknown

SEE ATTACHMENT FOR ADDITIONAL INFORMATION

8 DATE OF THIS REQUEST  
Sept. 5, 1978

10 CHECK ONE  
☒ SINGLE  
☐ MARRIED  
☐ WIDOWER  
☐ DIVORCED  
11 IF MARRIED, WIDOWED OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE. IF SEPARATED SPOUSE, GIVE SAME INFORMATION. IF ALL PREVIOUS MARRIAGES AND DIVORCES, GIVE NAME, GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. GIVE SAME INFORMATION. b6  
Married 11/48 New York, NY

12 IDENTIFYING NUMBERS (OTHER THAN SOCIAL SECURITY OR ARMED SERVICES SERIAL) AS PASSPORT NO., WHEN REGISTRATION NO., SEAMAN'S CERTIFICATE OF IDENTIFICATION, ETC. GIVE ALL, SPECIFYING WHICH.

Former Special Agent of the FBI #6464

13 ORGANIZATIONS WITH WHICH AFFILIATED PAST AND PRESENT, OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH ARE NOW RELIGIOUS OR POLITICAL AFFILIATIONS (IF "NONE" SO STATE).

Former FBI Agents Society, American Legion

14 DATES, NAMES AND ADDRESSES OF EMPLOYERS (BEGIN WITH PRESENT AND GO BACK TO JANUARY 1, 1937. CONTINUE UNDER ITEM 21 ON OTHER SIDE IF NECESSARY).  
From To From To From To

March 1, 1977 to Pres. Baltimore Gas & Elec. Co. P. O. Box 1475  
Baltimore, MD 21203

Jan. 1, 1951 to March 1, 1977 Federal Bureau of Investigation  
J. Edgar Hoover Bldg.  
9th & Penn. Ave. Wash., D.C.

FURNISH CSC COPIES OF EACH REPORT OF INVESTIGATION CONDUCTED BY FBI IN THIS CASE

SEE ATTACHMENT FOR ADDITIONAL INFORMATION

This reply is a result of a check of FBI Headquarters investigative files only. To check arrest records, request must be submitted to FBI Identification Division. Fingerprints are necessary for a positive check.

**CERTIFICATION**  
I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, COMPLETE, AND CORRECT. FALSE STATEMENT ON THIS FORM IS PUNISHABLE BY LAW.  
DATE SIGNATURE

15 DATE OF APPOINTMENT

16 PLACE OF DUTY (IF DIFFERENT FROM ADDRESS IN ITEM 6)

17 TYPE OF APPOINTMENT  
☐ EXCEPTED ☐ COMPETITIVE

INCLUDES INDEFINITE AND TEMPORARY TYPES OF COMPETITIVE APPOINTMENT.

19 THIS SPACE FOR FBI USE (SEE ALSO ITEM 22)

18 CIVIL SERVICE REGULATION NUMBER OF SUPER APPOINTMENT AUTHORITY

20 NAME AND FULL MAILING ADDRESS OF AGENCY OFFICIAL TO WHOM REQUEST FOR INVESTIGATION SHOULD BE SENT. INCLUDE ZIP CODE

In response to your request, there are attached none

Mr. Martin J. King, Chief  
Personnel Security Branch  
Division of Security  
U.S. Nuclear Regulatory Commission  
Washington, D. C. 20555

NOV 28 1978

JOSEPH GEORGE DEEGAN

<u>DATES &amp; PLACES OF RESIDENCE</u>	<u>NO. &amp; STREET ADDRESS</u>	<u>CITY &amp; STATE</u>	<u>ZIP CODE</u>
1957 to 1958	Unknown	Riverdale Woods, MD	Unknown
1954 to 1957	Arlington Ave.	Bronx, NY	Unknown
1952 to 1954	Unknown	Detroit, MI	Unknown
1951 to 1952	Unknown	Indiannapolis, IN	Unknown
1948 to 1951	Arlington Ave.	Bronx, NY	Unknown
1947 to 1948	1816 Voorhies Ave.	Brooklyn, NY	Unknown
1944 to 1947	U. S. Marine Corps		
1931 to 1944	1816 Voorhies Ave.	Brooklyn, NY	Unknown

EMPLOYERS:

<u>DATES</u>	<u>EMPLOYER</u>	<u>STREET, CITY &amp; STATE</u>	<u>ZIP CODE</u>
1939 to 1944	(Student) Cathedral College	Brooklyn, NY	Unknown
1944 to 1947	U. S. Marine Corps		
1947 to 1949	(Student) St. Francis College	Brooklyn, NY	Unknown
1949 to 1951	Catholic Guardian Society, Catholic Charities	Brooklyn, NY	Unknown

NUCLEAR REGULATORY COMMISSION  
WASHINGTON, D.C. 20555  
PERSONNEL SECURITY QUESTIONNAIRE

NAME (Last, First, Middle) 1. SOCIAL SEC. NO. 2. NAME OF AGENCY OR FIRM EMPLOYING  
EEGAN JOSEPH G 090-12-2131 BALTIMORE GAS ELECTRIC CO.

INSTRUCTIONS - COMPLETE THIS FORM IN PRIVATE. ALL SECTIONS MUST BE COMPLETED. FORM WILL NOT BE ACCEPTED UNLESS COMPLETELY AND PROPERLY EXECUTED. Answers or statements on this form will be treated as confidential in accordance with the Privacy Act of 1974 and the Nuclear Regulatory Commission's implementing regulations found in 10 CFR Part 9, subpart B. TYPE OR PRINT ALL ANSWERS. Write "None" when applicable. Enter in Item 11 any additional information which may have a bearing on your security clearance. If more space is required, attach additional sheets and indicate the item number to which the answers apply.

Are you now a member of the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.? YES NO  
☐ ☒

Are you now, or within the last 10 years have you been a member of any organization or group of persons including but not limited to the Communist Party, U.S.A., which, during the period of your membership or association you knew was advocating or teaching that the Government of the United States, or any State or any political subdivision thereof should be overthrown or overturned by force, violence, or any unlawful means? YES NO  
☐ ☒

If your answer to A is "Yes", did you, during the period of such membership or association, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the Government of the United States or any State or any political subdivision thereof by force, violence, or unlawful means? YES NO  
☐ ☐

If your answer to Questions 4, or 5a, above is "Yes", state below, under item No. 11, or on a separate sheet to be attached to and made a part of this questionnaire, the names of all such organizations and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities.

NAME	ADDRESS	FROM	TO	OFFICE HELD

ORGANIZATION MEMBERSHIP (Include all present membership and all past membership during the last 10 years in all organizations (except labor unions and religious organizations) not covered by Questions 5, and 6, above).

NAME	ADDRESS	TYPE	FROM	TO	OFFICE HELD

Have you ever been arrested, charged, or held by Federal, State, or other law enforcement authorities for any violation of any Federal law, State law, county or municipal law, regulation, or ordinance? Do not include anything that happened before your 16th birthday. Do not include traffic violations for which a fine of \$30.00 or less was imposed. All other charges must be included even if they were dismissed. YES NO  
☐ ☒

If answer to Question 8, is "Yes", complete A, B, C and D in each instance.

DATE	B. CHARGE	C. PLACE WHERE ARRESTED OR CHARGED AND NAME OF LAW ENFORCEMENT AUTHORITY	D. ACTION TAKEN

PREVIOUS SECURITY CLEARANCE OR ACCESS AUTHORIZATION: YES NO  
To your knowledge have you ever been investigated by any branch of the Federal Government? ☒ ☐  
YES NO  
To your knowledge have you ever been refused a security clearance or access authorization by any branch of the Federal Government? ☐ ☒  
If your answer to either A or B is "Yes", please furnish details in item 11.

CERTIFICATION

I have read all of the above questions and the Instructions and the Privacy Act Statement provided for this form. I certify that the information furnished in answer to these questions is correct and complete to the best of my knowledge and belief. I make this statement to the Nuclear Regulatory Commission voluntarily with the understanding that the information herein will be used by Federal investigative agencies while conducting a security investigation for the Nuclear Regulatory Commission for the purpose of determining my eligibility for a security clearance or access authorization under the authority of Sections 145 and 161(i) of the Atomic Energy Act of 1954, as amended, and Executive Orders 10450 and 10865. I further understand that the information may also be used for any of the routine uses stated in the Privacy Act Statement.

I realize that the disclosure of this information is voluntary. However, failure by me to supply all or any part of the requested information may result in this application not being processed. I further understand that any false statement or omission of material fact may be sufficient cause for rejection of my application or dismissal after employment; further, that any false statement herein may be punished as a felony under Section 1001, Title 18, U.S. Code.

(USUAL SIGNATURE OF PERSON FILLING OUT QUESTIONNAIRE) (SIGN ORIGINAL ONLY) (DATE AND PLACE WHERE SIGNED)  
Joseph A. Deegan 8-18-78 Balt. Md.

INSTRUCTIONS TO APPLICANT UPON COMPLETION OF ABOVE: Now that the form is signed, place it in the pre-addressed envelope furnished, sign across the envelope flap on the line provided, and affix the date of signature. Submit the sealed envelope with the other security forms included in this packet.



The Assistant Director  
Records Management Division

11/30/78

Legal Counsel

HOUSE SELECT COMMITTEE ON  
ASSASSINATIONS (HSCA)

b6

PURPOSE:

The purpose of this memorandum is to advise of the status of the requests made by Joseph G. Deegan (former SA); Theron D. Rushing (former SA) and SA's [ ] and Thomas J. Deakin (FBIHQ) for representation for interview by captioned Committee.

DETAILS:

On 11/17/78, [ ], Civil Division, Department of Justice advised SA Ronald Heller, Legal Liaison and Congressional Affairs Unit, Legal Counsel Division that he has received requests from Joseph G. Deegan, Theron D. Rushing (former SA's), and SA's [ ] and Thomas J. Deakin (FBIHQ) requesting private counsel in connection with their anticipated appearances before HSCA. [ ], prior to submitting these requests to Civil Division's "Representation Committee," has requested [ ], Rushing, and Deakin furnish him with any relevant information to support their requests. [ ] has not talked to Deegan, at this time.

[ ] requests that any of these individuals still desiring counsel, put all material facts in a letterhead memorandum and submit to him through the Legal Counsel Division.

1 - Mr. Boynton  
1 - Mr. Bassett  
1 - Mr. Foster  
1 - Mr. [ ]

1 - Mr. Mintz  
2 - Mr. [ ]  
1 - Mr. Heller

1 - Personnel file of Thomas J. Deakin  
① - Personnel file of Joseph G. Deegan  
1 - Personnel file of Theron D. Rushing  
1 - Personnel file of [ ]

RH/jd

(12)

67-NOT RECORDED  
3 DEC 13 1978

Memorandum to the Director  
Re: House Select Committee on Assassinations

Legal Counsel Division has advised each present and former employee of this request. At this time Deakin and Rushing are no longer requesting counsel prior to their appearance before HSCA.

RECOMMENDATION:

It is requested that should Deegan or   still desire representation, a letterhead memorandum be prepared by them including all the material facts, as requested by Seibert. Former SA Deegan has been apprised of this by SA Heller.

b6

APPROVED:

Director \_\_\_\_\_  
Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_

Adm. Serv. \_\_\_\_\_  
Crim. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_

Legal Coun. \_\_\_\_\_  
Plan. & Insp. \_\_\_\_\_  
Rec. Mgnt. \_\_\_\_\_  
Tech. Servs. \_\_\_\_\_  
Training \_\_\_\_\_  
Public Affs. Off. \_\_\_\_\_

Assistant Director  
Legal Counsel

10/25/78

Ronald Heller

HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

PURPOSE:

The purpose of this memorandum is to advise that former SA Joseph G. Deegan has requested authorization by the Department of Justice for legal counsel during his interview with captioned Committee.

DETAILS:

By letter dated 10/17/78 (copy attached) former SA Joseph G. Deegan requested the Assistant Attorney General, Civil Division, Department of Justice, to authorize legal representation in his forthcoming interview by captioned Committee pertaining to the FBI's investigation of Dr. Martin Luther King, Jr..

Mr. Deegan has advised that the original of the attached letter was sent directly to the Assistant Attorney General, Civil Division.

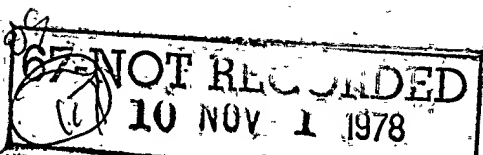
RECOMMENDATION:

None. For information.

Enclosure

- 1 - Mr. Dasset (Enclosure)  
Attention: Mr. Foster
- ① - Personnel File of Joseph G. Deegan (Enclosure)
- 1 - Mr. Mintz (Enclosure)
- 2 - Mr. [ ] (Enclosure)
- 1 - Mr. Heller (Enclosure)

PH:d1j(7)



October 17, 1978  
8212 Thornton Rd.  
Towson, MD 21204

Ms. Barbara Babcock  
Assistant Attorney General  
Civil Division  
Department of Justice  
Washington, D.C. 20530

Attention: Mr. [REDACTED]

b6

Dear Ms. Babcock:

By way of introduction, I am a retired Special Agent of the Federal Bureau of Investigations. At the time of my retirement, I was Section Chief of the Domestic Intelligent Section at FBI Headquarters.

I have been advised by the FBI that I am listed as a witness for interview by the House Committee on Assassinations. I have been told that my interview will pertain to the FBI's investigation of Martin Luther King.

In my previous position with the FBI, I was privy to numerous memoranda written concerning the various aspects of the Martin Luther King investigation. The above memoranda included very sensitive areas such as informant operations and other matters which I do not feel free to discuss at this time. I have been given a briefing by a representative of the FBI's Legal Council Division and I am knowledgeable concerning these areas which I may or may not discuss.

However, in view of the sensitivity of the above information and especially in view of the possibilities of civil action, I am respectfully requesting that I be represented by legal council. I understand that the Department of Justice will authorize payment for the hiring of legal council. In view of this, I request your authority and naturally your authorization to hire Mr. [REDACTED], who is a member of [REDACTED], Washington, D.C. 20006.

Thanking you in advance for your cooperation.

Respectfully yours,

*Joseph G. Deegan*  
Joseph G. Deegan

cc: [REDACTED]  
Special Agent Ronald Heller

NR  
05

May 11, 1978

OUTSIDE STAGE

Mr. Joseph S. Deegan  
Security Specialist  
Security Services  
Baltimore Gas and  
Electric Company  
Baltimore, Maryland 21203

Deegan, Joseph S.

Dear Joe:

Thank you for your letter of April 21, 1978, in response to our invitation for article suggestions for the FBI Law Enforcement Bulletin. The staff of the Bulletin very much appreciates your taking the time to give us your thoughts.

I will indeed contact Mr. [redacted] at the American Society for Industrial Security for an article along the lines you suggest, particularly in the area of cooperation between private security and public law enforcement.

I hope that you are prosperous with the Baltimore Gas and Electric Company and that the next time you are in Washington you will look me up.

We also appreciate very much your kind comments about the Bulletin. It was thoughtful of you to include them.

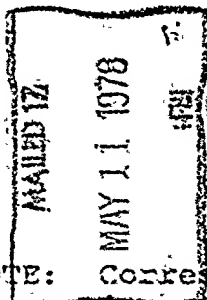
Sincerely yours,

Thomas J. Deakin  
Editor

FBI Law Enforcement Bulletin

NOTE: Correspondent wrote in response to request for article suggestions that appeared in the March, 1978, LEB.

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Rec. Mgnt. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_



TJD:daw  
(7)

JUN 15 1978

MAIL ROOM ☐

TELETYPE UNIT ☐

PERS. REC. UNIT

# BALTIMORE GAS AND ELECTRIC COMPANY

GAS AND ELECTRIC BUILDING  
BALTIMORE, MARYLAND 21203

April 21, 1978

~~OUTSIDE SOURCE~~

OUTSIDE SOURCE

The Editor  
Federal Bureau of Investigation  
Law Enforcement Bulletin  
FBI-Headquarters  
Washington, DC 21535

Dear Sir:

In connection with your request for suggestions for articles to be printed in the FBI Law Enforcement Bulletin, I suggest that you have some articles concerning private industrial security.

The private security industry is responsible for the safety, security, and well being of millions of people and the protection of billions of dollars of property in both the public and private domain.

Having recently retired from the FBI, and presently being in private security for the Baltimore Gas & Electric Company, I am becoming more and more aware of the needs of private security operatives in the field of training, liaison with local law enforcement, crime prevention, knowledge of status that apply to their operations, and many other related topics.

In connection with obtaining qualified people to write such articles, I suggest you contact the American Society for Industrial Security, 2000 K Street, N.W., Suite 651, Washington, DC 20006. The [redacted] for the above organization at this time is Mr. [redacted].

b6

Thanking you for the opportunity to make suggestions to a very fine bulletin.

Respectfully yours,

W-27

REC-53  
DE-71

74-1-5044

Joseph G. Deegan  
Security Specialist  
Security Services

JGD:mta

ok 5-11-78  
[signature]

EX-121

DEC 1978  
WGM/psd  
PERS. REC. UNIT

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Adams

FROM : R. J. Gallagher

SUBJECT: REPLACEMENT FOR SECTION CHIEF  
JOSEPH G. DEEGAN  
DOMESTIC SECURITY SECTION  
GENERAL INVESTIGATIVE DIVISION

DATE: 1/21/77

- 1 - Mr. Adams
- 1 - Mr. Gallagher
- 1 - Mr. Ingram
- 1 - Mr. Deegan
- 1 - Mr. Revell
- 1 - Mr. Long

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.:  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Rec. Mgt. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

## PURPOSE:

This is to recommend that a replacement be designated for Section Chief Deegan who is retiring effective February 11, 1977.

## DETAILS:

Section Chief Joseph G. Deegan is retiring February 11, 1977. Assistant Section Chief [REDACTED], is retiring February 25, 1977. Unit Chief Joseph D. Maurice has been recommended to replace [REDACTED]. It is imperative that a Section Chief be named to replace Deegan.

The General Investigative Division has no recommendation to make.

## RECOMMENDATION:

That the Career Board designate a replacement for Section Chief Deegan. It is imperative that this be handled immediately in view of the upcoming retirement of Deegan and the Assistant Section Chief.

RJG:ige  
(7)

APPROVED: \_\_\_\_\_  
Director \_\_\_\_\_  
Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Intell. \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Insp. \_\_\_\_\_  
Rec. Mgt. \_\_\_\_\_  
S. & T. Serv. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_

REC-131

67-80005-2864  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
5 APR 28 1977

1-Mr. Feeney

APR 29 1977

ADDENDUM OF INSPECTOR REVELL page 2

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

1-Personnel file of SA Sebastian S. Mionosa

FBI/DOJ

R. J. Gallagher to Mr. Adams  
REPLACEMENT FOR SECTION CHIEF  
JOSEPH G. DEEGAN

ADDENDUM OF INSPECTOR O. B. REVELL - 4/19/77 - OBR:lae

As a result of the Manpower Survey, Sebastian S. Mignosa's Section Chief position was abolished. The section was absorbed in the Intelligence Division and the terrorist activities were transferred to the Domestic Security and Terrorist Section. It is being recommended that SA Mignosa be transferred to the Criminal Investigative Division to replace Section Chief Joseph G. Deegan, Domestic Security Section. Assistant Directors Moore and Leavitt and Deputy Associate Director Adams concur with this action.

RECOMMENDATION:

That SA Sebastian S. Mignosa be transferred from the Intelligence Division to the Criminal Investigative Division and designated Section Chief, Domestic Security Section, at no change in grade or salary.

*Transfer let  
prop. 4-21-77 mtp*

APPROVED:

Director \_\_\_\_\_  
Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_

Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Intell. \_\_\_\_\_

Legal Coun. \_\_\_\_\_  
Plan. & Insp. \_\_\_\_\_  
Rec. Mgt. \_\_\_\_\_  
S. & T. Serv. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_



(USE ONLY IF SEPARATED ON OR AFTER  
OCTOBER 20, 1969)

(USE ONLY IF SEPARATED ON OR AFTER  
OCTOBER 20, 1969)

### A. IDENTIFYING INFORMATION

### B. CIVILIAN AND MILITARY SERVICE

**C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)**

#### D. OTHER CLAIM INFORMATION

67-~~NOT RECORDED~~

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR:

#### F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

INITIALS  
SCV

##### 1. ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

ALL

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

• If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.

• The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.

• If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

• The survivor's annuity will not begin until your death.

INITIALS

##### 2. ANNUITY WITHOUT SURVIVOR BENEFIT

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

• If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.

• This type provides annuity payments to you only.

#### G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

INITIALS

##### 1. ANNUITY WITHOUT SURVIVOR BENEFIT

• If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.

• This type provides annuity payments to you only.

INITIALS

##### 2. ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST

SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON (First, middle, last)

RELATIONSHIP

Wife

DATE OF BIRTH (Mo., day, yr.)

SOCIAL SECURITY ACCOUNT NUMBER

SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

• This type is available to all retiring *unmarried* employees who are *in good health*.

• It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.

• The survivor's annuity will not begin until your death.

• The survivor's annuity will be 55% of the reduced annuity you receive.

• If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.

• If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

#### H. CERTIFICATION OF APPLICANT

**WARNING.**—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

(DATE)

(SIGNATURE OF APPLICANT)

#### I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:



INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.



INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON \_\_\_\_\_ (DATE) WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. \_\_\_\_\_

b6

NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)

SIGNATURE OF RES

OFFICIAL TITLE

Authorized  
Certifying Officer

DATE

3-18-77

TELEPHONE NUMBER INCLUDING AREA CODE

DEPARTMENT OR AGENCY

Federal Bureau of Investigation

**OFFENSES BARRING ANNUITY PAYMENTS:** Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

March 18, 1977

TO WHOM IT MAY CONCERN:

This is to certify that Joseph G. Deegan was appointed Special Agent of this Bureau on January 29, 1951. He served in that capacity through October 23, 1965. On October 24, 1965, he was appointed Supervisory Special Agent, and served continuously in that capacity through February 27, 1977. During his service with this Bureau, Mr. Deegan participated in and supervised the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336 (C) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,



Authorized Certifying Officer

b6

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH			SOC. SEC. NO.			AGENCY	PAYROLL OFFICE	LOCATION	PAYROLL OFFICE NO.
			MO.	DAY	YR.							
DEEGAN	JOSEPH	G.	2	10	25	090	12	2131	JUSTICE	FBI	WASHINGTON	15-02-C001
			DO NOT USE									
2. _____												
3. _____												
4. _____												
(RECORD EACH NAME CHANGE— STRIKE OUT PREVIOUS NAME)												

SERVICE HISTORY					FISCAL RECORD			
EFFECTIVE DATE	ACTION	BASE PAY	DO NOT USE	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	REMARKS
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)
BSI (Executive Order 11691 approved 12/15/72 effective 1/1/73)		29,589		GS 15 SA	1971	BALANCE BROUGHT FORWARD		
9-2-73	WGT	30,416		Eff-10/1/72 EO 11777	1972	1,972.70	16,836.60	7 1/2% Ret. Ded. Began 1-5-75
BSI (Executive Order 11739 approved 10/3/73 effective 10/14/73)		32,031			1973	2,097.53	20,906.83	
BSI (Executive Order 11811 approved 10-7-74 effective 10-13-74)		33,794		7 1/2%	1974	2,288.72	23,195.55	Includes back pay under EO 11777
2-7-75	PROMOTION	36,000		7 1/2% GS 16	1975	2,672.30	25,867.85	
BSI (Executive Order 11883 approved 10-6-75 effective 10-12-75)		37,800	16/3		1976	2,860.62	28,728.47	
1/4/76	WGI	37,800	16/4		1977	5,785.57	29,442.60	
BSI (Executive Order 11941 approved 10-1-76 effective 10-10-76)		39,600	16/4					
2/27/77	RETIREMENT -VOLUNTARY							
SECTION 8335 (d) 5 USC								
ANNUITY PAYMENTS TO COMMENCE 2/28/77								
2-27-77	EO 11941	43,923	16/4					
Pay stopped 2-27-77								
SED 4-17-46								
H. B. Code 442								
CON 3205617								
Optional Insurance elected 2-14-68								
Unused sick leave 1917 hours								
5 USC Ch. 63								

Orig. 2806, 2801, 24, 56, 2006, 2809,  
2810, Form CSC 1084, ~~2806~~, Cert.  
State sent to CSC 4-1-77

0700-12-2131

LAST NAME			FIRST NAME			MIDDLE NAME			SEX		DATE OF BIRTH			AGENCY		PAY ROLL OFFICE		LOCATION	
									M	F	MONTH	DAY	YEAR						
DEEGAN			JOSEPH			E.			X		2	10	25	JUSTICE		FBI			
										NO.									
(RECORD EACH NAME CHANGE--STRIKE OUT PREVIOUSLY RECORDED NAME)																			
SERVICE HISTORY										FISCAL RECORD									
EFFECTIVE DATE	ACTION	BASE PAY	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	DO NOT USE	REMARKS											
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)											
BSI (PL 63-326) approved 8/14/64 Effective 7/5/64		13,755		1963	BALANCE	BROUGHT FORWARD		SF 2803 sent to CSC on 4-15-71.											
BSI (PL 63-326) approved 10/22/65 Effective 10/13/65		14,125	GS 13	1964	7,598	7,597.17		CSD # 607-462											
10/24/65 PROMOTION		15,188	GS 14	1965	7,623	8,916.40													
BSI (PL 69-504) approved 7/18/66 Effective 7/3/66		15,629		1966	1,064.92	10,836.76													
10-23-66 WGI		16,152		1967	1,186.21	12,022.97													
10/22/67 WGI		16,675		1968	1,348.27	13,371.24													
10-8 to 10-22 paid		16,807		1970	1,657.78	15,029.02													
BSI (PL 90-206) approved 12/16/67 Effective 10/8/67		17,125		1971	1,807.58	16,836.60													
BSI (Executive Order 11413) approved 11/1/63 effective 10/1/63		18,641	GS 14																
9-8-68 Promotion		19,780	GS 15																
BSI (Executive Order 11474) approved 6/16/69 effective 7/13/69		21,589	GS 15																
9-7-69 WGI		22,309	GS 15																
BSI (PL 91-231) approved 4/15/70 effective 11/23/69		23,648																	
9-6-70 WGI		24,111																	
BSI (Executive Order 11576) approved 1/8/71 effective 1/10/71		25,867																	
11-14-71 WGI		26,675	* 09/05/71																
1-9-72 BSI (EO 11637)		28,112	(B-173976)																

10/71

090-12-2131

LAST NAME	FIRST NAME	MIDDLE NAME	SEX		DATE OF BIRTH			AGENCY	PAY ROLL OFFICE	LOCATION
			M	F	MONTH	DAY	YEAR			
DEEGAN	JOSEPH	G	X		2	10	1925	JUSTICE	FBI	
1. _____			NO. _____							
2. _____										
3. _____										
4. _____										
(RECORD EACH NAME CHANGE—STRIKE OUT PREVIOUSLY RECORDED NAME)										
SERVICE HISTORY				FISCAL RECORD						
EFFECTIVE DATE	ACTION	BASE PAY	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	DO NOT USE	REMARKS		
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)		
1-29-51	Exc. Appt.	\$5000.	GS 10 Agent	1951	272.32	272.32		USMC from 1-5-11		
		5500.	GS 10	1952	336.32	608.64		to 2-1-17.		
	Retroactive to 7-8-51									
2-3-52	Per Step Inc	5625.00	GS 10	1954	357.84	966.48				
2/1/53	Per Step Inc	5750.	GS 10	1955	389.82	1356.30				
5/10/53	Promotion (1)	5940.	GS 11	1956	437.44	1793.74		U. S. Post Office		
11-7-54	Per Step Inc.	6170.00	"	1957	534.64	2328.38		Templ Sub.		
	BSI approved			1958	638.71	3331.26		Clark from		
		86605		1959	659.25	3990.51		10-18-18 to		
5-6-56	Per Step Inc	\$6820	GS 11	1960	688.39	4678.90		10-2-50, \$1.42phr.		
5-20-56	Promotion	7570.	GS 12	1961	725.92	5404.82				
6-30-57	Promotion	8990 *	GS 13	1962	744.99	6154.81				
	BSI approved 6/20/58, effective 1/12/58	\$9890*		1963	796.38	6951.19				
12-28-58	Per Step Inc	10,130	GS 13							
6-26-60	Per Step Inc.	10,370	GS 13							
	BSI									
	Effective 7/10/60	11,155								
12-24-61	Per Step Inc	11,415	GS 13							
	Effective 10/14/62									
		\$12,245	GS 13							
12-22-63	WGI	\$12,610	GS 13							
	BSI (12-01-63) approved									
	Effective 1/5/64	13,265								

U.S. Civil Service  
Commission

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

2810-111

Part A.—IDENTIFYING DATA

1. NAME (LAST) <b>Deegan</b> (FIRST) <b>Joseph</b> (MIDDLE INITIAL) <b>G.</b>	2. DATE OF BIRTH <b>2-10-25</b>	3. CARRIER CONTROL NO. <b>3205617</b>
4. ADDRESS (INCLUDING ZIP CODE) <b>7403 Fairwood Lane Falls Church, Virginia 22046</b>	5. PAYROLL OFFICE NO. <b>15-02-0001</b>	6. ENROLLMENT CODE NO. <b>442</b>
	7. SOCIAL SECURITY ACCOUNT NUMBER <b>090-12-2131</b>	8. DATE THIS ACTION BECOMES EFFECTIVE <b>2-27-77</b>

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 8, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO  
YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

☒ **Bureau of Retirement, Insurance,  
and Occupational Health  
Civil Service Commission  
Washington, D. C. 20415**

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)  
SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF  
YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON  
THE DATE IN PART A, ITEM 8, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON  
THE DATE IN PART A, ITEM 8, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITY

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY, YOUR PLAN WILL  
SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT  
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J.—REMARKS

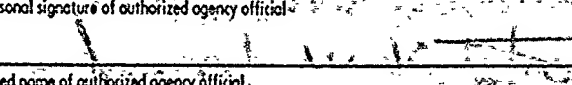
**Employee annuitant**

Part K.—DATE OF NOTICE

<b>S. Ray Burns</b> FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D.C. 20535 NAME OF AGENCY	<b>2-27-77</b> DATE	<b>3/mde 12/Jan</b> ADDRESS (INCLUDING ZIP CODE)
---	------------------------	---

Quadruplicate —For Official Personnel Folder

Standard Form No. 2810  
October 1972  
FPM Supplement 890-1

STANDARD FORM 56 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870-1 56-109		AGENCY CERTIFICATION OF INSURANCE STATUS <b>Federal Employees Group Life Insurance Program</b>	
1. NAME (Last) (First) (Middle) <b>DEEGAN JOSEPH G.</b>		2(a). DATE OF BIRTH (Month, Day, Year) <b>2-10-25</b>	
		2(b). SOCIAL SECURITY ACCOUNT NUMBER <b>090 12 2131</b>	
3. CHECK THE REASON FOR TERMINATING INSURANCE: (a) <input type="checkbox"/> Separated (includes resignations) (b) <input checked="" type="checkbox"/> Retired (c) <input type="checkbox"/> Died as an employee (d) <input type="checkbox"/> Died as a reemployed annuitant (e) <input type="checkbox"/> End of 12 months non-pay status (f) <input type="checkbox"/> Other (specify) _____ NOTE: If the reason checked is "b, Retired" your group life insurance (but not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" below.			
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY: (a) <input type="checkbox"/> CURRENT SF 54 ATTACHED (b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY (c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT) NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF-56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.			
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) <b>2-27-77</b>	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. <b>43,923 PER ANNUM</b>	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF-176 or 176-T): <b>2-14-68</b>	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR): <b>2-14-68</b>
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.			
Personal signature of authorized agency official: 		Name and address of agency, including zip code: <b>FEDERAL BUREAU OF INVESTIGATION          J. EDGAR HOOVER BUILDING          10th STREET &amp; PENNSYLVANIA AVE. N.W.          WASHINGTON, D. C. 20535</b>	
Typed name of authorized agency official: <b>Supervisory Special Agent</b>		Phone number, including area code: <b>202-324-3000</b>	
		Date: <b>2-28-77</b>	

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

*orig SF-2810 + copies of SF-56 sent to  
 input: 7403 Fairwood Lane,  
 Falls Church, Va. 22040. Copies of  
 SF-2810 + orig SF-56 + SF-2809 sent  
 to data base. 2-28-77, n/f*

67-NOT RECORDED

1 APR 4

PART 3 - FILE COPY

(21)

*3/n/f*



# INSTRUCTIONS TO EMPLOYING AGENCY

## COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
  - a. Death.
  - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
  - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
  - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
    - (1) Employee waived or declined on SF 176 (or SF 176-T);
    - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
    - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

## DISPOSITION OF CERTIFICATION

1. Death of employee—
  - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
  - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
  - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
  - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
  - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the FINAL individual Retirement Record (SF 1806).
  - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.  
Illustrative statement  
"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address—print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
3. If employee is receiving compensation benefits—
  - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
  - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary SF 54, if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
  - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
4. All other cases—  
(Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.)
5. In all cases—  
Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

## PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

Telephonic Request Re Credit or Service Record Inquiry  
3-617 (7-21-71)

PREVIOUS

Requested By Arlington Truitt Date 3/24/77  
[Redacted] Phone # 841-2202  
Name of Employee or Former Employee  
(Include Maiden Name) Deegan, Joseph H. Social Security Account No.  
Desired Information ☒ 1. Verification of Employment ☐ 2. Personnel Record Check

Additional Information Including Reason for Inquiry

EOO 1-29-51

last pos: Supv Special Agent

last sal: \$43,592.00

RETIRED 2-27-77

Action Taken

[Redacted]  
Employee Who Handled Inquiry

FBI/DOJ

b6

NOT RECORDED  
4 MAR 26 1977

3/29/77

Telephonic Request Re Credit or Service Record Inquiry  
3-617 (7-21-71)

Requested By <u>Baltimore Has + Elec.</u>		Date <u>3-18-77</u>
[Redacted]		Phone # <u>(301) 234-6308</u>
Name of Employee or Former Employee (Include Maiden Name) <u>Joseph G. Beegan</u>		Social Security Account No.
Desired Information <input checked="" type="checkbox"/> 1. Verification of Employment <input type="checkbox"/> 2. Personnel Record Check		
Additional Information Including Reason for Inquiry		

1-29-51  
Retired 2-27-77  
Resigned  
GS 16, \$ 43,592 pa  
Supv. S A

Action Taken

Former Employee

Employee Who Handled Inquiry

FBI/DOJ

67-NOT RECORD

4 MAR 20 1977

3/20/77

**Field Firearms Training Record**  
FD-40 (Rev. 4-10-63)

DEEGAN, Joseph. G. (current thru 1968)

[illegible]

4 MAR 14 1977

Special Agent

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 3-2-77I certify that I have ☐ received ☒ returned the following Government property for official use:Key to Room 4092 ~~Ke~~ JEH

Temporary Pass #56

Reason for Returning: ☐ Absence for Maternity Reasons ☐ Military Leave ☐ Resignation ☒ Retiring

## READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANYWAY

67-~~NOT~~ RECORDED

2 MAR 30 1977

42

Very truly yours,

*employee unavailable for signature*

(Signature)

(Typed name)

Joseph G. Deagan

FILE

12

W

**RECEIPT FOR GOVERNMENT PROPERTY**  
**FEDERAL BUREAU OF INVESTIGATION**  
**UNITED STATES DEPARTMENT OF JUSTICE**

Date 2-25-77

I certify that I have ☐ received ☒ returned the following Government property for official use:

Badge with Case # 3054 del/tn  
 Manual of Rules + Regs # 58 del/tn  
 Man. of Instructions # 675 del/tn

GTR's 323,591-600 del/tn

Manual for Bur. Supervisors # 343 del/tn

Agent Briefcase del/tn

Defense Plans # 62 del/tn

Official Police Revolver # 725552 Hip holster + adapter del/tn

Foreign Oper. Policy Man. del/tn # 29

FBI Handbook # 6470 del/tn

Bldg. I.D. B00529 del/tn

Position Classification Manual # 50 del/tn

Reason for Returning: ☐ Absence for Maternity Reasons ☐ Military Leave ☐ Resignation ☒ Retiring

**READ**

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

**67-NOT RECORDED**

**2 MAR 30 1977**

Very truly yours,

(Signature)

(Typed name)

**JOSEPH G. DEEGAN**

**FILE**

**12**

Assistant Director  
Administrative Services Division

10/4/78

Legal Counsel

**HOUSE SELECT COMMITTEE  
ON ASSASSINATIONS (HSCA)**

**PURPOSE:**

The purpose of this memorandum is to advise of the request made by captioned Committee that former supervisors Theron D. Rushing and Joseph G. Deegan and Unit Chief Thomas J. Deakin (Press Office, FBIHQ) be released from their employment agreement in order to be interviewed by captioned Committee in connection with the death of Dr. Martin Luther King, Jr.

**DETAILS:**

By letter dated 9/22/78 (copy attached), G. Robert Blakey, Chief Counsel and Director of captioned Committee, requested that Theron D. Rushing (former supervisor, FBIHQ - listed by the Committee as Ted Rushing), Joseph G. Deegan (former Section Chief, FBIHQ) and Unit Chief Thomas J. Deakin (Press Office, FBIHQ) be made available for staff interview concerning their investigation into the death of Dr. Martin Luther King, Jr.

The above present and former employees, prior to being interviewed by the Committee staff, will be contacted by a representative of the Legal Counsel Division who will advise them that they have been released from their employment agreement and will provide them with a briefing as to the scope and limitations of the interview.

**Enclosure**

- 1 - Mr. Bassett
- 1 - Mr. Foster
- 1 - Personnel file of Theron D. Rushing
- 1 - Personnel file of Joseph G. Deegan
- 1 - Personnel file of Thomas J. Deakin
- 1 - Mr. Mintz
- 2 - Mr. [redacted]

67-NG-Mr. Holler  
RH/jd (10) 10

DUPLICATE YELLOW

b6

Memorandum to the Assistant Director  
Administrative Services Division  
Re: House Select Committee on Assassinations (HSCA)

The remaining request set out in captioned Committee's letter of 9/22/78, will be responded to by the Congressional Inquiry Unit, Records Management Division, FBIHQ.

RECOMMENDATION:

None. For information.



W. Heller

LOUIS STOKES, OHIO, CHAIR  
RICHARDSON PREYER, N.C.  
WALTER E. FAUNTROY, D.C.  
YVONNE BRATHWAITE BURKE, CALIF.  
CHRISTOPHER J. DODD, CONN.  
HAROLD E. FORD, TENN.  
FLOYD J. FITHIAN, IND.  
ROBERT W. EDGAR, PA.  
SAMUEL DEVINE, OHIO  
STEWART B. MCKINNEY, CONN.  
CHARLES THONE, ILL.  
HAROLD G. SAWYER, MICH.

Select Committee on Assassinations

U.S. House of Representatives

3331 HOUSE OFFICE BUILDING, ANNEX 2

WASHINGTON, D.C. 20515

September 22, 1978

(202) 223-4624

The Honorable Griffin B. Bell  
Attorney General of the United States  
Department of Justice  
Washington, D. C. 20430

Attention: Mr. Robert L. Keuch  
Deputy Assistant Attorney General  
Criminal Division, Room 2113

Dear Mr. Attorney General:

In connection with the ongoing investigation by the Committee into the circumstances surrounding the death of Dr. Martin Luther King, Jr., the assistance of the Federal Bureau of Investigation is requested in regard to the following matters:

1) Make available for staff interview the following Special Agents:

- a. Ted Rushing
- b. Joseph G. Deegan
- c. Thomas J. Deakin

2) Prepare for access any and all BUFILE and Field Office material on an individual named Leander Perez, Sr., who resided in Plaquemines Parrish, Louisiana.

By memorandum to the HSCA dated February 13, 1978, the FBI responded and advised that their records indicated that

[redacted], neither served nor is presently serving as a Special Agent. In continuance of that request, January 24, 1978, the Committee would appreciate the FBI conducting the the appropriate records check to determine whether [redacted]

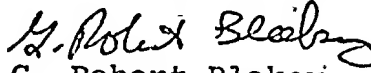
[redacted]; or [redacted]  
[redacted] is presently serving or has served the Bureau as a Special Agent.

b6

Page 2.

As always your continued cooperation is greatly appreciated.

Very truly yours,



G. Robert Blakey  
Chief Counsel and Director

GRB:ghb

xc: Mr. Ron Heller

# FIELD FIREARMS TRAINING RECORD

SPECIAL AGENT

Leegan, Joseph G.

FD-40  
3-25-47

OFFICE	MO. YR.	DA HS	PPC	SG	.30	MG	GAS	RD	P S	D T	B A	QUALI- FIED
New Orleans	1/60				30 rds							
"	2/60				30 rds							
"	3-29/60	90	77	#3 80			✓		✓	✓		
"	5-5/60	90	87	#2 115				✓	✓	✓		
in Services	7-2-7/60	88	87	steel 10/25	92	84						
New Orleans	10/60				30 rds							
"	12-1/60	90	84	#2 12					✓	✓	✓	
"	4/60				30 rds							
"	1/61				30 rds							
"	2/61				30 rds							
"	5-16/61	90	73	#2 12			✓		✓	✓		
"	5-16/61	92	86	#3 100				✓	✓	✓		makeup
in Services	8/15-25/61	90	80	8/25- 75	Rifle	66						
New Orleans	8/31/61	86	81	#3 100					✓	✓		searched
NO	10/61				30 rds 260							
	11/61	88	87	#2 15					✓	✓	✓	
	12/61				30 rds 248							
	2/56/62					280						
	4/5/62	90	SA 80	#3 100				✓		✓		
	6/14/62	88	78	13			✓			✓	Gas	
	8/12/62	94	78.8	80						✓		P
	10-15/62	88	83	9					✓	✓		
#61 FEB 26 1962	10/1/62					245						
	12/20/62					259						
	2/7/63					220						

REMOVED FROM FIELD  
PERSONNEL FILE  
2-20-79  
NOT RECORDED

67-25-253-93

March 2, 1977

Mr. Joseph G. Deegan  
7403 Fairwood Lane  
Falls Church, Virginia 22046

Dear Mr. Deegan:

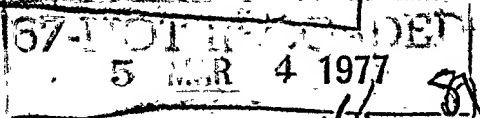
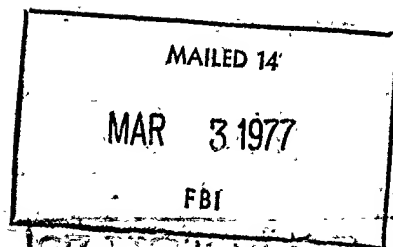
Enclosed are two copies of SF 2815, Employee Service Statement. As explained on the reverse side of this form, this is a record of all your government service. Please sign both copies and return the yellow copy to this Bureau in the enclosed self-addressed envelope. The white copy is for your personal records.

Sincerely yours,

*Clarence M. Kelley*  
Clarence M. Kelley  
Director

Enclosures (3)

SAZ (3)

MAIL ROOM ☐TELETYPE UNIT ☐

BEST COPY  
AVAILABLE

# NOTIFICATION OF PERSONNEL ACTION FEDERAL BUREAU OF INVESTIGATION

1. NAME (CAPS) LAST-FIRST-MIDDLE MR.-MISS-MRS.		2. (FOR AGENCY USE)		3. BIRTH DATE		4. SOCIAL SECURITY NO.	
5. VETERAN PREFERENCE 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.		6. TENURE GROUP		7. SERVICE COMP. DATE		8. (FOR CSC USE)	
9. FEGLI 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg & Opt)		10. RETIREMENT 1 1-CS 3-FS 5-OTHER 2-FICA 4-NONE		11. (FOR CSC USE)			
12. CODE NATURE OF ACTION		13. EFFECTIVE DATE		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM: POSITION TITLE AND NUMBER		16. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL (a) STEP OR RATE (b)		18. SALARY	
19. NAME AND LOCATION OF EMPLOYING OFFICE		20. TO: POSITION TITLE AND NUMBER		21. PAY PLAN AND OCCUPATION CODE		22. GRADE OR LEVEL (a) STEP OR RATE (b)	
23. NAME AND LOCATION OF EMPLOYING OFFICE		24. NAME AND LOCATION OF EMPLOYING OFFICE		25. DUTY STATION (City-county-State)		26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1-COMPETITIVE-SERVICE 2-EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: 1-PROVED-1 2-WAIVED-2 TO: STATE			
30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. C. DURING PROBATION							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>NOT RECORDED</b>          40 MAR 29 1977       </div>							
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <i>C. Kelley</i>					
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE					
33. CODE EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON D. C. 20535		4. PERSONNEL FOLDER COPY					

**NOTIFICATION OF PERSONNEL ACTION  
FEDERAL BUREAU OF INVESTIGATION**

BEST COPY  
AVAILABLE

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>MR. -MISS -MRS.</b>		2. (FOR AGENCY USE)		3. BIRTH DATE		4. SOCIAL SECURITY NO.	
5. VETERAN PREFERENCE 1-NO      3-10 PT. DISAB.      5-10 PT. OTHER 2-5 PT.      4-10 PT. COMP.		6. TENURE GROUP		7. SERVICE COMP. DATE		8. (FOR CSC USE)	
9. FEGLI 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)		10. RETIREMENT 1 1-CS      3-FS      5-OTHER 2-FICA      4-NONE		11. (FOR CSC USE)			
12. CODE NATURE OF ACTION <b>3-2 RETIREMENT - VOLUNTARY</b>		13. EFFECTIVE DATE <b>07-12-77</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM: POSITION TITLE AND NUMBER <b>NON-PROFESSIONAL SPECIAL AGENT (TITLE OF THE LOWEST GRADE)</b>		16. PAY PLAN AND OCCUPATION CODE <b>SE-10 1 11</b>		17. GRADE OR LEVEL (a) OR STEP OR RATE (b) <b>1 1</b>		18. SALARY	
19. NAME AND LOCATION OF EMPLOYING OFFICE							
20. TO: POSITION TITLE AND NUMBER		21. PAY PLAN AND OCCUPATION CODE		22. GRADE OR LEVEL (a) OR STEP OR RATE (b)		23. SALARY	
24. NAME AND LOCATION OF EMPLOYING OFFICE							
25. DUTY STATION (City-county-State) <b>S. &amp; E., FBI</b>						26. LOCATION CODE	
27. APPROPRIATION		28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2-EXCEPTED SERVICE <b>2</b>		29. APPORTIONED POSITION FROM: 1-PROVED-1 2-WAIVED-2 TO: STATE			
30. REMARKS: <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>67-NOT RECORDED</b>  <b>4 APR 1 1977</b>  <b>Lump-sum payment to cover 272 hrs. commencing BOD 2/28/77 and ending CD 4/14/77. CAD 2/25/77.</b>  <b>R C LSP 272</b> </div> <p>A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____</p> <p>B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____</p> <p>SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. <input type="checkbox"/> C. DURING PROBATION</p> <p>NOTE FOR THIS POSITION IS THAT B. BOD. CERTAIN MINIMUMS.</p> <p>AT HIS REQUEST, HE WILL BE FULLY CERTIFIED TO THE LOWEST GRADE OF THE CIVIL SERVICE FOR RETIREMENT ACT. (AT LEAST A 10% INCREASE IN HIS RETIREMENT EXPECTATIONS).</p> <p>HE WILL REMAIN IN THE GRADE OF SE-10 1 11.</p> <p>HE HAS BEEN CERTIFIED TO THE LOWEST GRADE OF THE CIVIL SERVICE FOR RETIREMENT ACT. (AT LEAST A 10% INCREASE IN HIS RETIREMENT EXPECTATIONS).</p>							
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <i>Chris Keller</i> <b>CR T RE</b>					
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>2/28/78</b>					
33. CODE EMPLOYING DEPARTMENT OR AGENCY <b>DJ 02</b> FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> <b>COPY MADE FOR QWCP</b> </div>					

4. PERSONNEL FOLDER COPY

FD-107 4-15-53 *sm*  
(1-1-45) 4-15-55 *✓*  
11-17-58 *ll*

DUPLICATE PROPERTY RECORD

(This record is to be kept up-to-date and should be maintained  
in the field personnel file of the special agent.)

NAME Deegan, Joseph G.

REMOVED FROM FIELD  
#66 PERSONNEL FILE  
2-26-67 - NOT RECORDED

Badge # 3054, with case

Commission Card with case, # 6464

FBI Handbook # 6470

Tax Exemption Identification Card # \_\_\_\_\_

Agents Brief Case X

Zipper Brief Case \_\_\_\_\_

G.T.R. Identification Card # \_\_\_\_\_

~~G.T.R. # J 11819 (A)~~

QTR-H3888101 thru A3888110

FIREARMS:

Official Police Revolver # 725552

Official Police Hip Holster X

Grip Adapter X

*ll*  
FEB 26 1979

CLINICAL RECORD					ELECTROCARDIOGRAPHIC RECORD			PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine</i>					MEDICATION			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE <i>43</i>	SEX <i>M</i>	RACE <i>Cauc</i>	HEIGHT <i>73"</i>	WEIGHT <i>187½</i>	B. P.	SIGNATURE OF WARD PHYSICIAN <i>Dr. Fox</i>			DATE <i>8-14-68</i>
RHYTHM					AXIS DEVIATION (QRS)			RATES AURIC.      VENT.	
INTERVALS PR                      QRS                      QT					P WAVES				
QRS COMPLEXES									
RST-T SEGMENT					T WAVES				
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

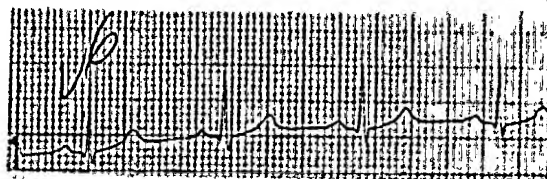
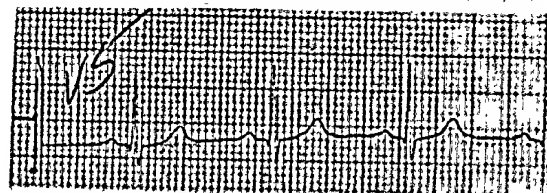
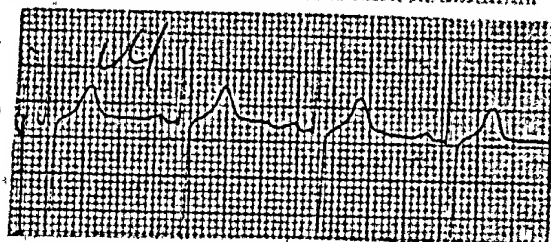
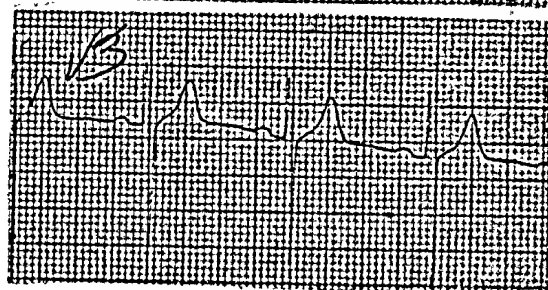
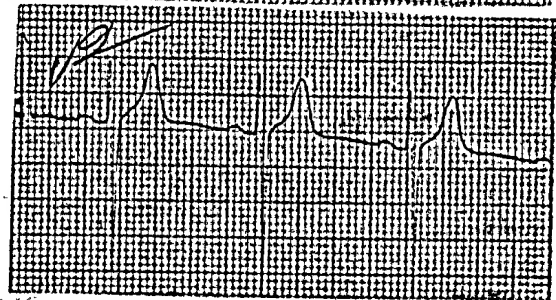
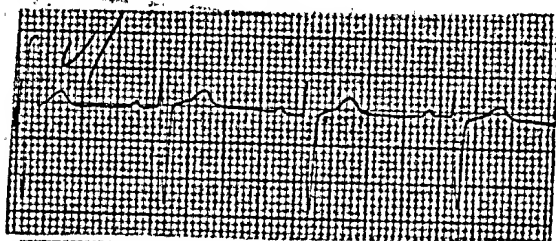
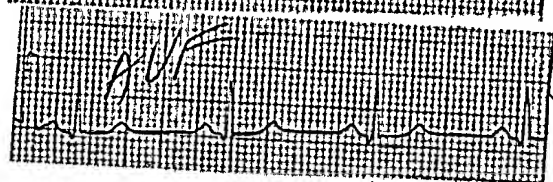
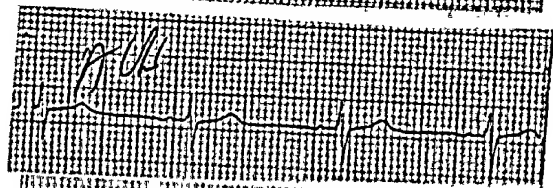
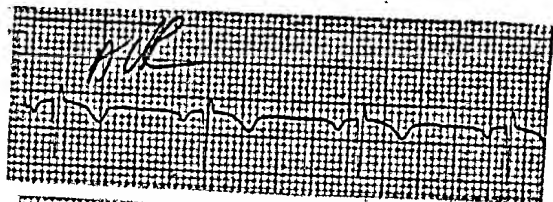
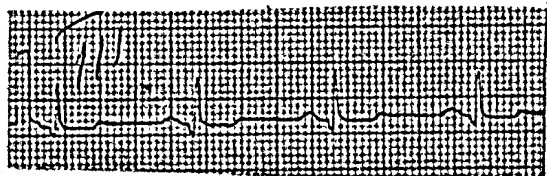
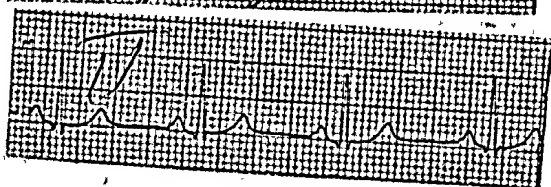
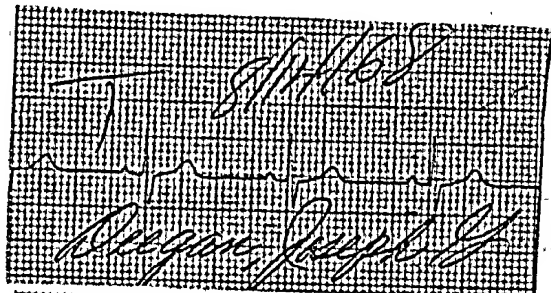
*WNL*

(Continue on reverse)

NO. ECG	SIGNATURE	TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. <i>F.B.I.</i>	WARD NO. <i>T-18</i>

*Deegan, Joseph G.*  
*SA-FBI*  
*NNMC*





CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION: <i>Routine</i>				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
42	M	Cauc	73"	184					8-29-67
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
IR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

*Normal ECG*  
*MSC 9-6-66*

(66) (Continue on reverse)

NO: 006224	SIGNATURE: <i>[Signature]</i>	TITLE	DATE
ECG			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
DEEGAN, Joseph G.			7-18
SA-FBI			
UNMC			

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

CLINICAL IMPRESSION:

MEDICATION

YES

NO

ECG

ECG

ECG

ECG

ECG

ECG

ECG

WAVE

INTERVALS

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

(Continue on reverse)

NO. 006224

SIGNATURE

TITLE

9 SEP 1966

PATIENT'S IDENTIFICATION (For legend or written on file: Name, last, first, middle; grade, date, hospital or medical fac. etc.)

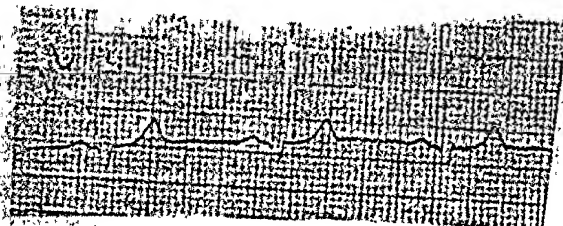
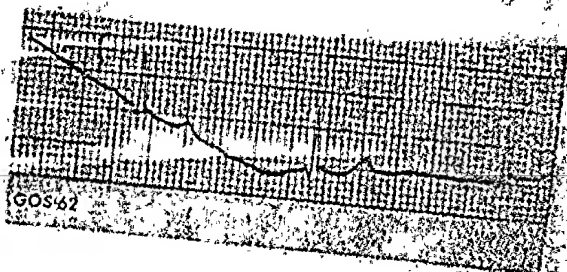
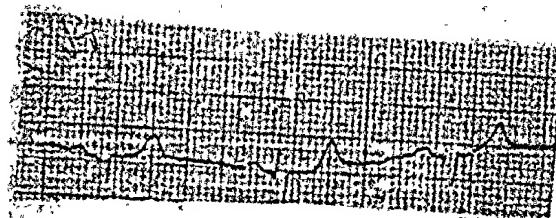
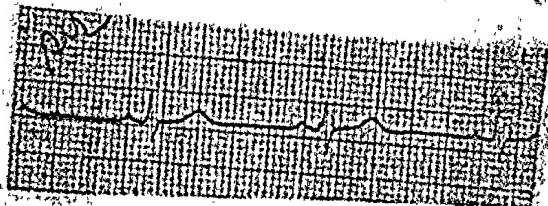
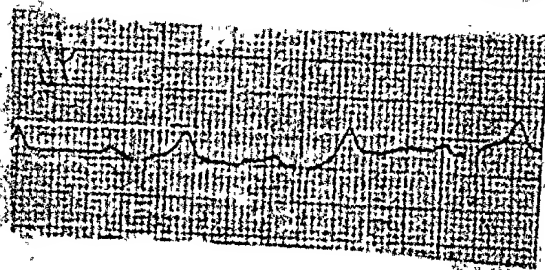
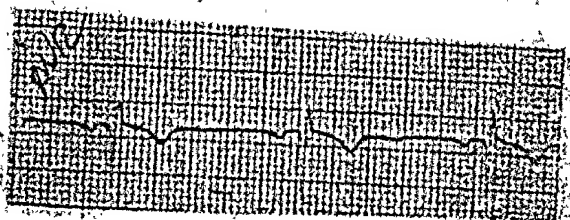
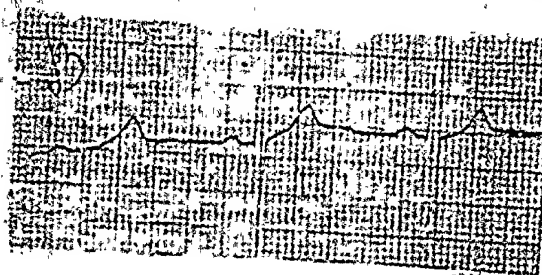
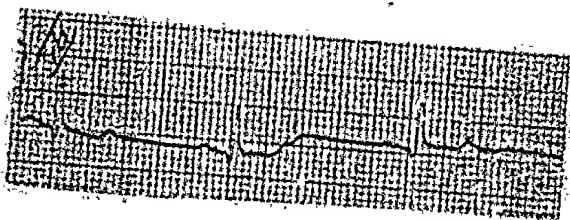
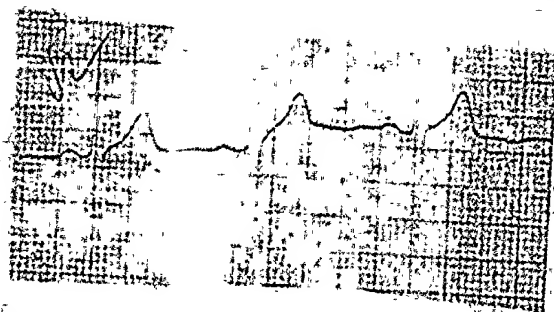
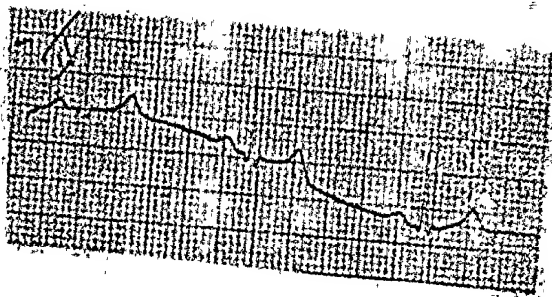
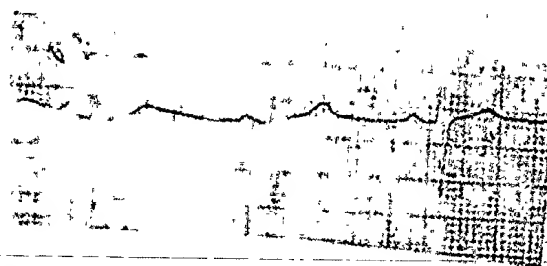
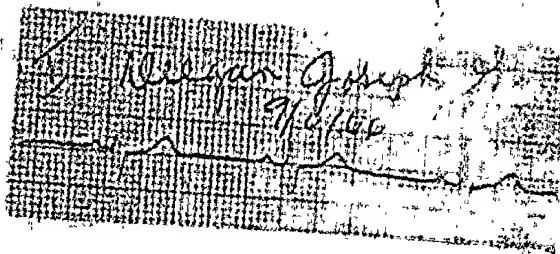
ECG

WAVE

T-1

DEEGAN, JOSEPH G.  
SA-FBI

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 320



PATIENT DEEGAN, JOSEPH

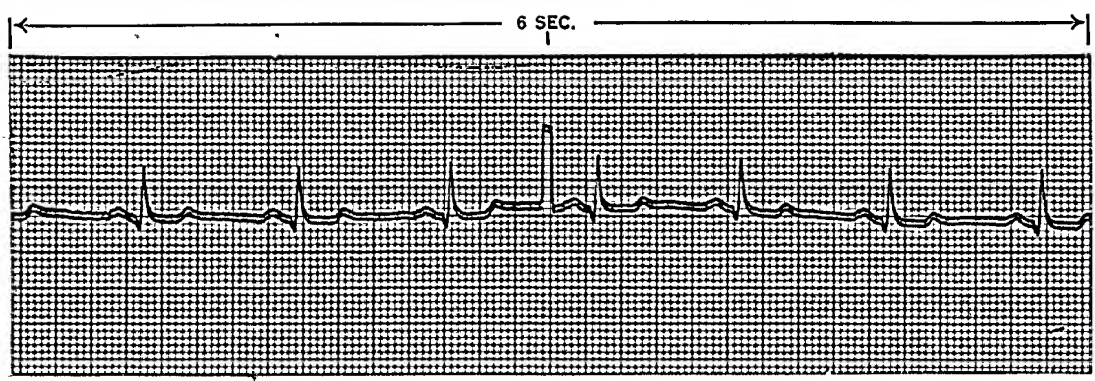
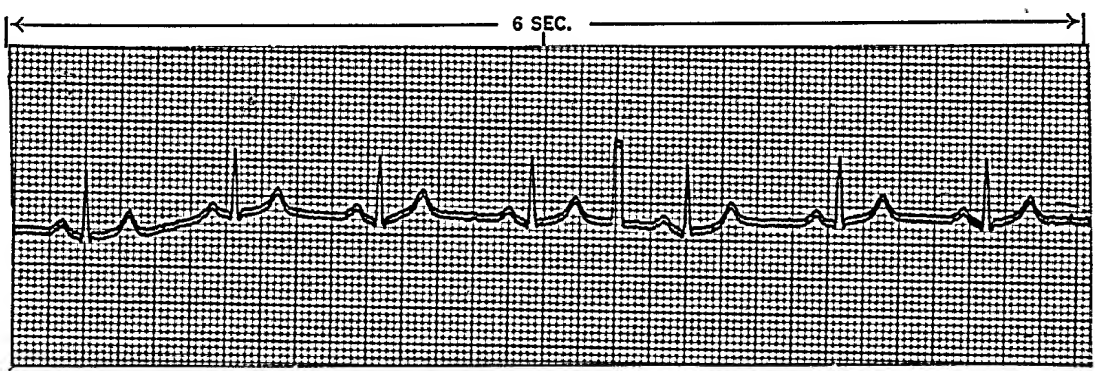
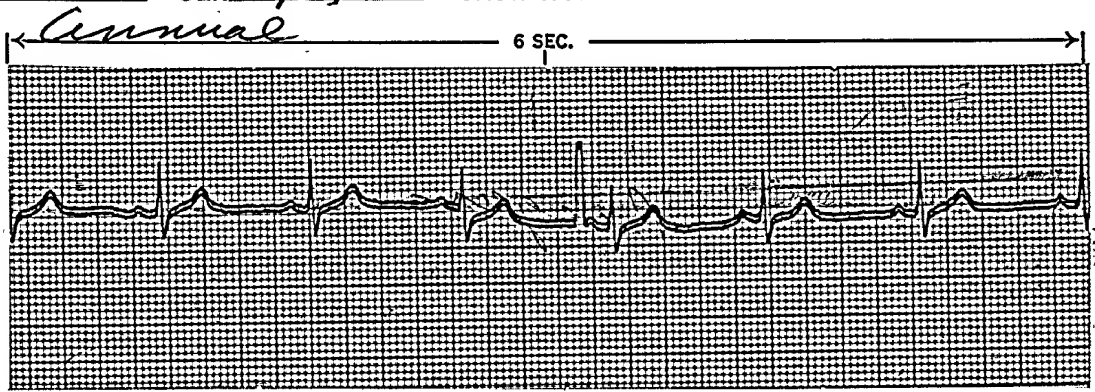
SERIAL NO. F31

DATE 12/1/60

AGE — SEX M

CASE NO. —

DOCTOR Reed



AURICULAR RATE \_\_\_\_\_ P-R INTERVAL \_\_\_\_\_ PATIENT POSITION \_\_\_\_\_

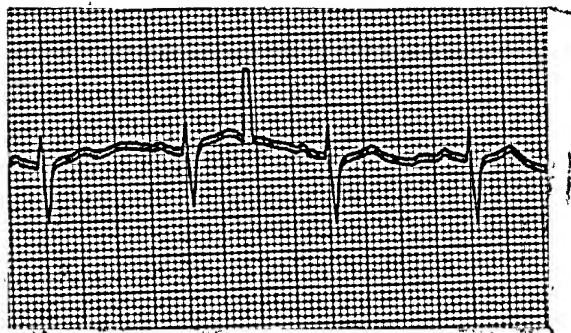
VENTRICULAR RATE \_\_\_\_\_ Q-R-S INTERVAL \_\_\_\_\_ ELECTRICAL AXIS \_\_\_\_\_

RHYTHM \_\_\_\_\_ S-T SEGMENT \_\_\_\_\_

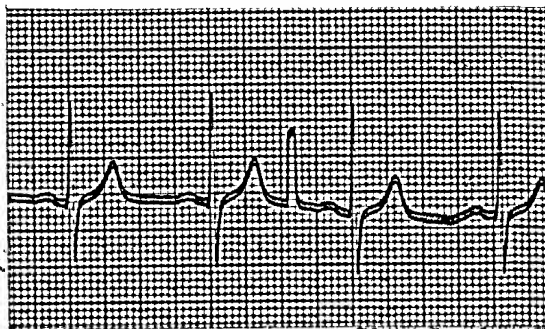
REMARKS



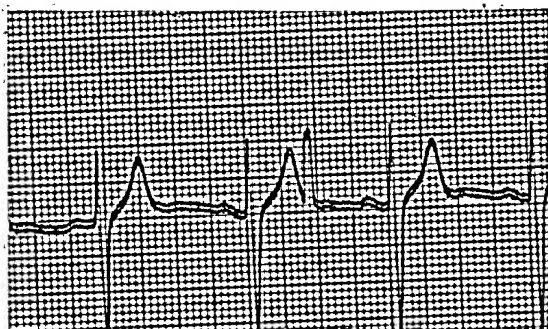
LEAD  
CF<sub>1</sub>  
CR<sub>1</sub>  
CL<sub>1</sub>  
V<sub>1</sub>



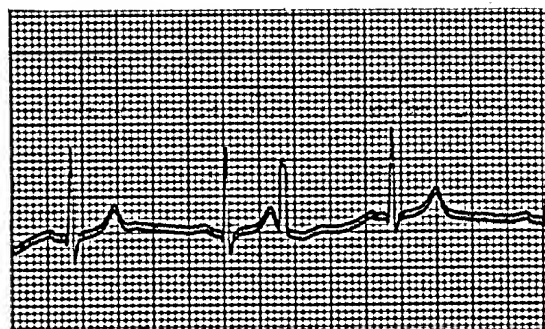
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V<sub>4</sub>



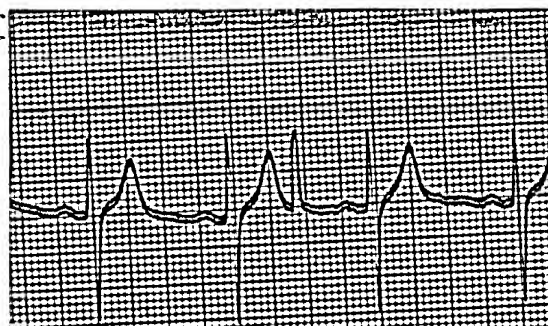
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CF<sub>2</sub>  
CR<sub>2</sub>  
CL<sub>2</sub>  
V<sub>2</sub>



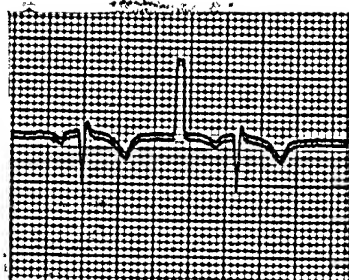
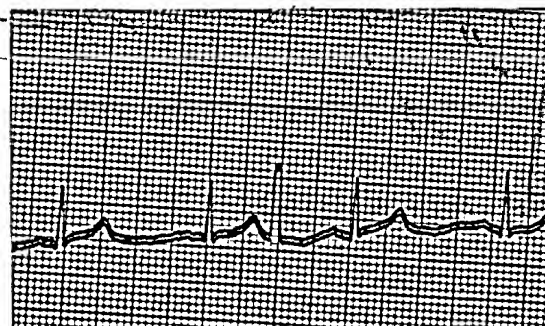
LEAD  
CF<sub>5</sub>  
CR<sub>5</sub>  
CL<sub>5</sub>  
V<sub>5</sub>



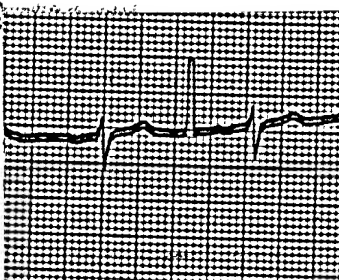
LEAD  
CF<sub>3</sub>  
CR<sub>3</sub>  
CL<sub>3</sub>  
V<sub>3</sub>



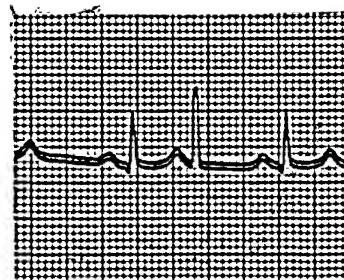
LEAD  
CF<sub>6</sub>  
CR<sub>6</sub>  
CL<sub>6</sub>  
V<sub>6</sub>



LEAD VR AVR



LEAD VL AVL



LEAD VF AVF

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION  Annual physical				MEDICATION  none		<input type="checkbox"/> YES <input type="checkbox"/> NO			
						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT			
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
						M. Pearl		12/1/60	
RHYTHM				AXIS DEVIATION (QRS)		RATES			
Normal sinus						AURIC.		VENT.	
PR				QRS	QT	P WAVE			
0.16				0.06	0.36	plus 76		70 70	
QRS COMPLEXES						Normal			
RS-T						T WAVES			
Normal						Normal			
UNIPOLAR EXCITABILITY LEADS (Specify)									
Normal									

Vertical rotation; apex forward  
Normal

PRECORDIAL LEADS (Specify)

Transition zone in v3  
Normal leads

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal tracing

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
* ECG	M. A. PEARL	LT (MC) USNR	12/7/60
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
DEEGAN, Joseph George		ANNUAL FBI	OPD

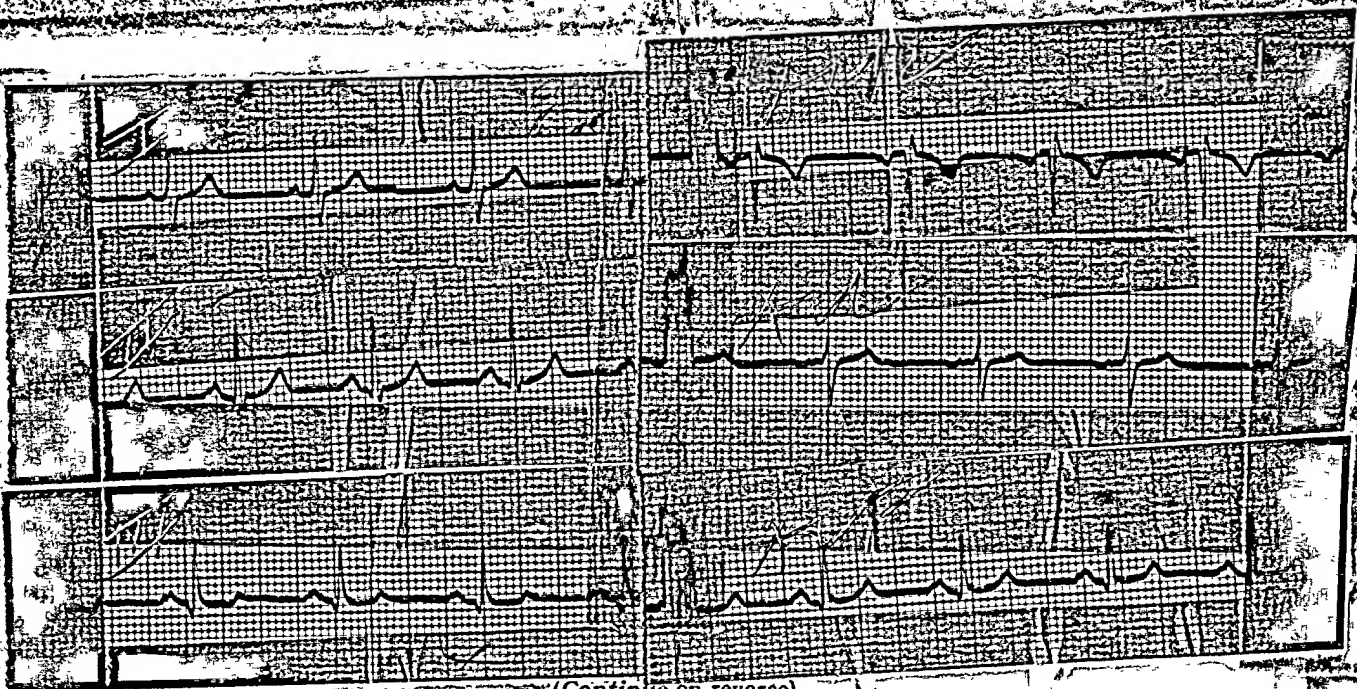
ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
(Attach tracings to S. F. 507)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC.      VENT.	
INTERVALS						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

*[Handwritten Signature]*

PRECARDIAL LEADS (Specify)



(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 4920	<i>[Handwritten Signature]</i>		11/30/61
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
DEEGAN, Joseph C.		SpAgnt/FBI	

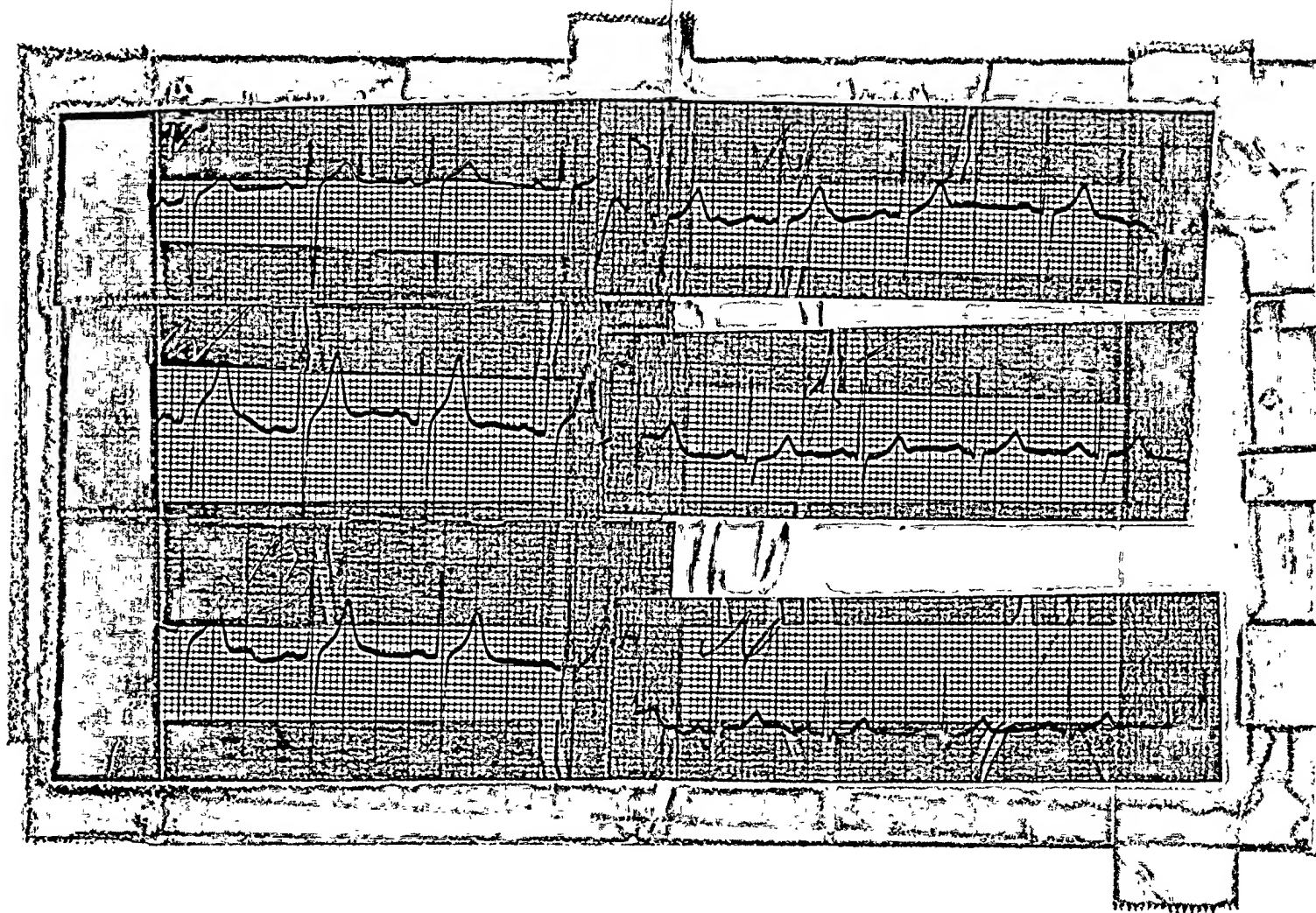
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Attach tracings to S. F. 507)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)





*FBI*

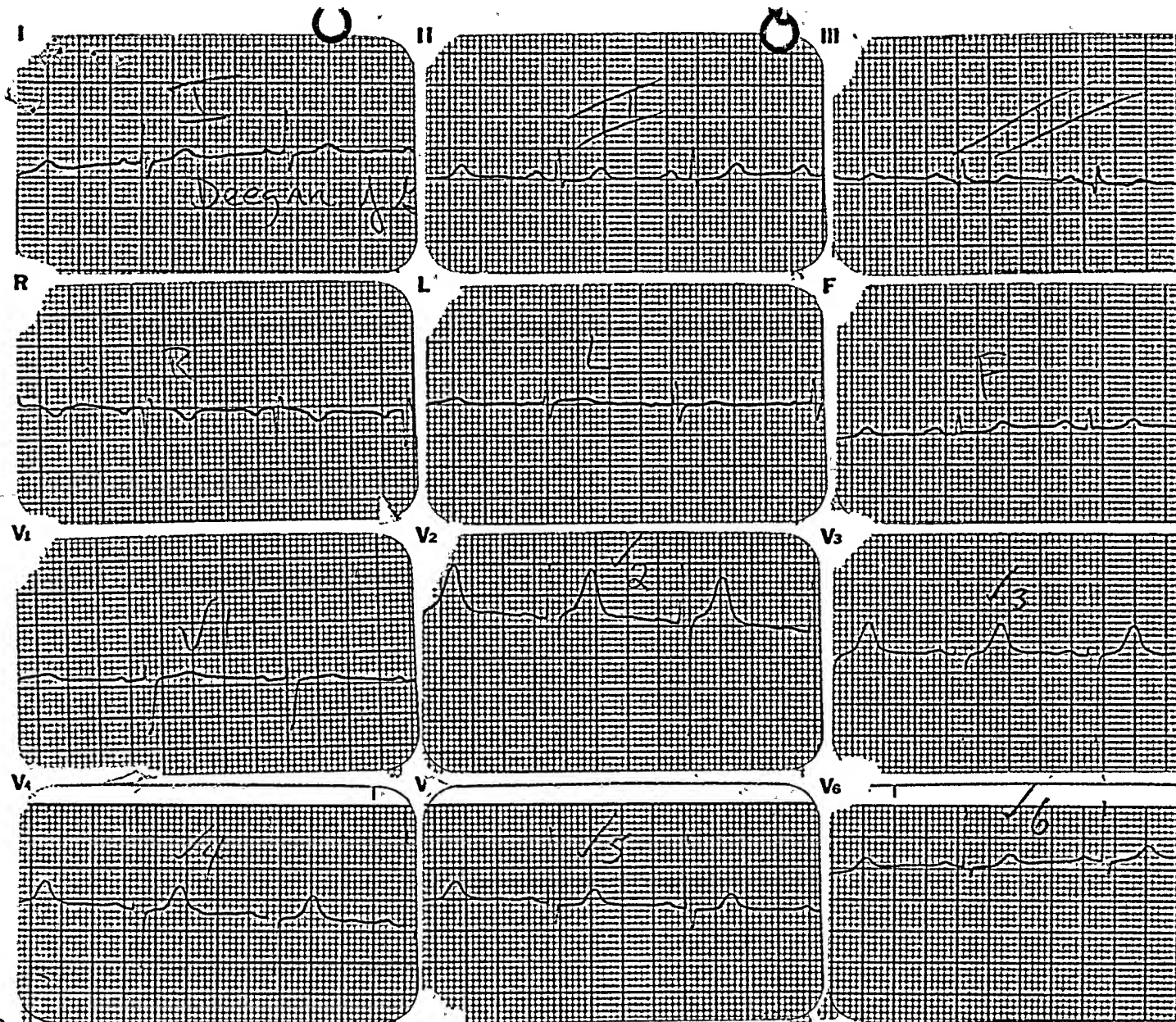
## REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN JOSEPH G</b>				2. SOCIAL SECURITY OR IDENTIFICATION NO. <b>090-12-2131</b>			
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <b>7403 FAIRWOOD LANE FALLS CHURCH, VA 22046</b>				4. POSITION (Title, grade, component) <b>SA GS 16</b>			
5. PURPOSE OF EXAMINATION <b>ANNUAL</b>			6. DATE OF EXAMINATION <b>8-27-76</b>		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) <b>N/M/C</b>		
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <div style="font-size: 1.2em; margin-top: 10px;"><i>Very Good</i></div>							
9. HAVE YOU EVER (Please check each item)				10. DO YOU (Please check each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis			<input checked="" type="checkbox"/>	Wear glasses or contact lenses	
	<input checked="" type="checkbox"/>	Coughed up blood			<input checked="" type="checkbox"/>	Have vision in both eyes	
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction			<input checked="" type="checkbox"/>	Wear a hearing aid	
	<input checked="" type="checkbox"/>	Attempted suicide			<input checked="" type="checkbox"/>	Stutter or stammer habitually	
	<input checked="" type="checkbox"/>	Been a sleepwalker			<input checked="" type="checkbox"/>	Wear a brace or back support	
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			Scarlet fever, erysipelas	<input checked="" type="checkbox"/>			Cramps in your legs
	<input checked="" type="checkbox"/>		Rheumatic fever	<input checked="" type="checkbox"/>			Frequent indigestion
	<input checked="" type="checkbox"/>		Swollen or painful joints	<input checked="" type="checkbox"/>			Stomach, liver, or intestinal trouble
	<input checked="" type="checkbox"/>		Frequent or severe headache	<input checked="" type="checkbox"/>			Gall bladder trouble or gallstones
	<input checked="" type="checkbox"/>		Dizziness or fainting spells	<input checked="" type="checkbox"/>			Jaundice or hepatitis
	<input checked="" type="checkbox"/>		Eye trouble		<input checked="" type="checkbox"/>		Adverse reaction to serum, drug, or medicine
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble		<input checked="" type="checkbox"/>		Broken bones
	<input checked="" type="checkbox"/>		Hearing loss		<input checked="" type="checkbox"/>		Tumor, growth, cyst, cancer
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble		<input checked="" type="checkbox"/>		Piles or rectal disease
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12
	<input checked="" type="checkbox"/>		Head Injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc.
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or "trick" shoulder or elbow
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain
	<input checked="" type="checkbox"/>		High or low blood pressure				
13. WHAT IS YOUR USUAL OCCUPATION? <b>FBI AGENT</b>				14. ARE YOU (Check one), <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed			

Do Not Transmit Enclosed Material  
With Official Personnel Folder.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
✓		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sun-light, etc.	18) AGE 12. APPENDIXES 19) Injury from auto accident 1947 & 1948, compressed lung, head injury.
✓		B. Inability to perform certain motions.	
✓		C. Inability to assume certain positions.	
✓		D. Other medical reasons (If yes, give reasons.)	
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>			
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE	
JOSEPH G DEEGAN		Joseph G Deegan	
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p>			
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE
		8/27/76	Richard A. Buel
			NUMBER OF ATTACHED SHEETS



CLIN. DIAG.:

DATE: 27 Aug 76  
ECG DESCRIPTION: Routine

INTERPRETATION:

DIG. ( ) QUIN. ( ) AGES 1 M SEX MALE B.P.

**PHYSICAL EXAM ROOM**

ECG REQUEST BY: \_\_\_\_\_  
ATR. RATE: \_\_\_\_\_ VENTR. RATE: \_\_\_\_\_  
INTERVALS: P-R \_\_\_\_\_ QRS \_\_\_\_\_ QTc \_\_\_\_\_  
AXIS: \_\_\_\_\_  
RHYTHM: \_\_\_\_\_

PATIENT: Deegan, Joseph G.

DOB - 10 Feb 25  
SA-FBI - 090-12-2131  
SSA -

WNL  
NSC SPT.

**F.B.I.**

INTERPRETED BY M.A. Smith

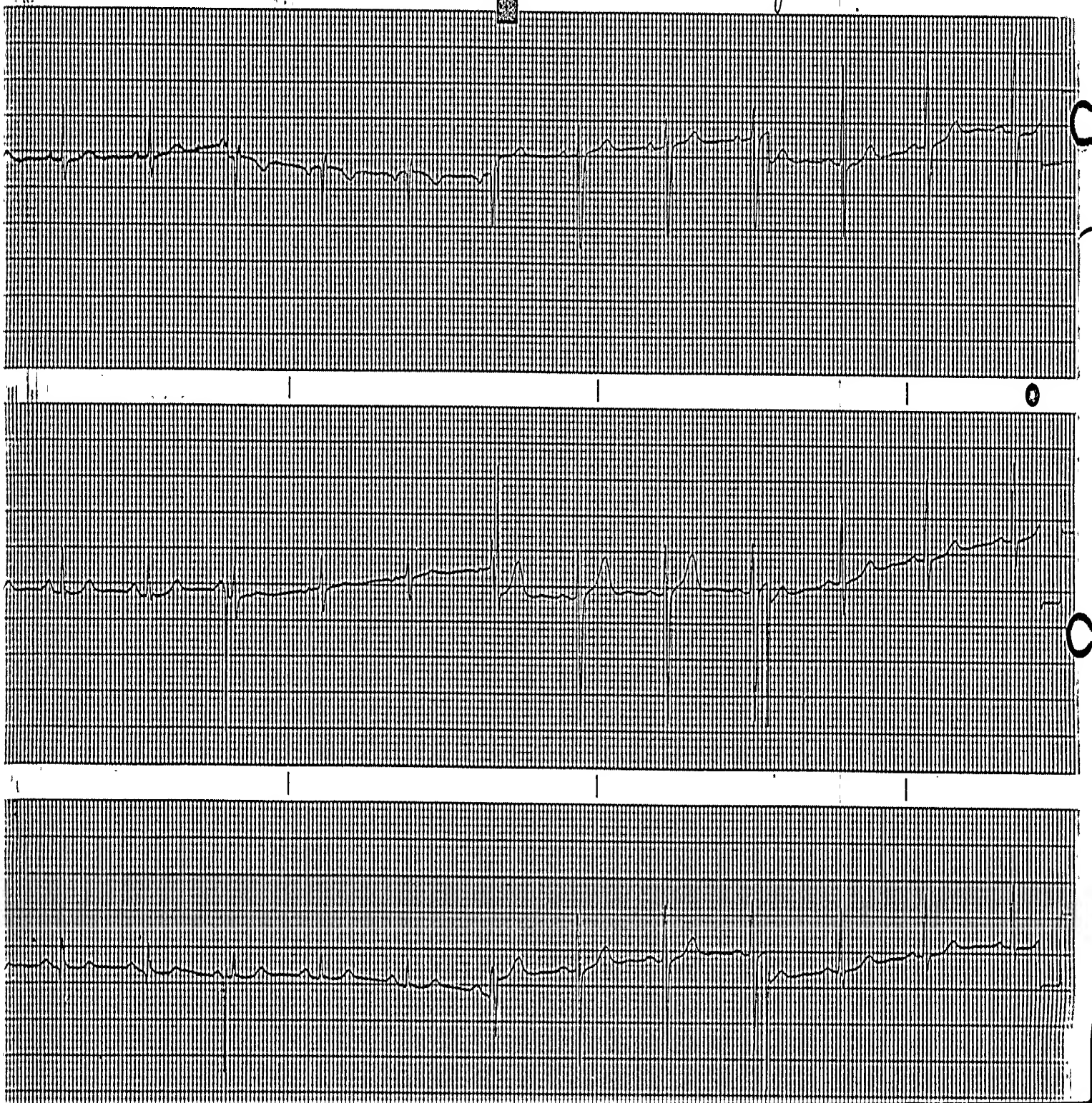
NAME Deegan Joseph E.  
 NUMBER 090-12-62131  
 DATE 21 July 72 AGE 49  
 LEAD FORM 7  

I	AVR	V1	V4	RATE	PR	QRS
II	AVL	V2	V5	QT	AXIS	
III	AVF	V3	V6	Z	DRUGS	

INTERPRETATION:

*WHL  
 NSCST aug 72  
 J. Bueckler*

**FBI** <sup>↑</sup> **OPTIONAL** *Wilson*  
 SPLIT CAL PULSE AT LEFT INDICATES  
 1/2 STD. ON PRECORDIAL LEADS ONLY  
*Per*





**FBI**

# REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN JOSEPH G</b>		2. SOCIAL SECURITY OR IDENTIFICATION NO. <b>0-90-12-2131</b>
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <b>7403 FAIRWOOD LANE, FALLS CHURCH, VA</b>		4. POSITION (Title, grade, component) <b>SA-F.B.I.</b>
5. PURPOSE OF EXAMINATION <b>ANNUAL</b>	6. DATE OF EXAMINATION <b>7/24/75</b>	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) <b>ANML</b>

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists).

GOOD

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Check each item)		(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughed up blood		Have vision in both eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bled excessively after injury or tooth extraction		Wear a hearing aid	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attempted suicide		Stutter or stammer habitually	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Been a sleepwalker		Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury <u>Concussion 1947</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure
YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lameness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain

12. FEMALES ONLY: HAVE YOU EVER	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
Been treated for a female disorder	
<input type="checkbox"/>	<input type="checkbox"/>
Had a change in menstrual pattern	

13. WHAT IS YOUR USUAL OCCUPATION?	14. ARE YOU (Check one) <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed
------------------------------------	---

Do Not Transmit Enclosed Material  
With Official Personnel Folder.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓		B. Inability to perform certain motions.
✓		C. Inability to assume certain positions.
✓		D. Other medical reasons (If yes, give reasons.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

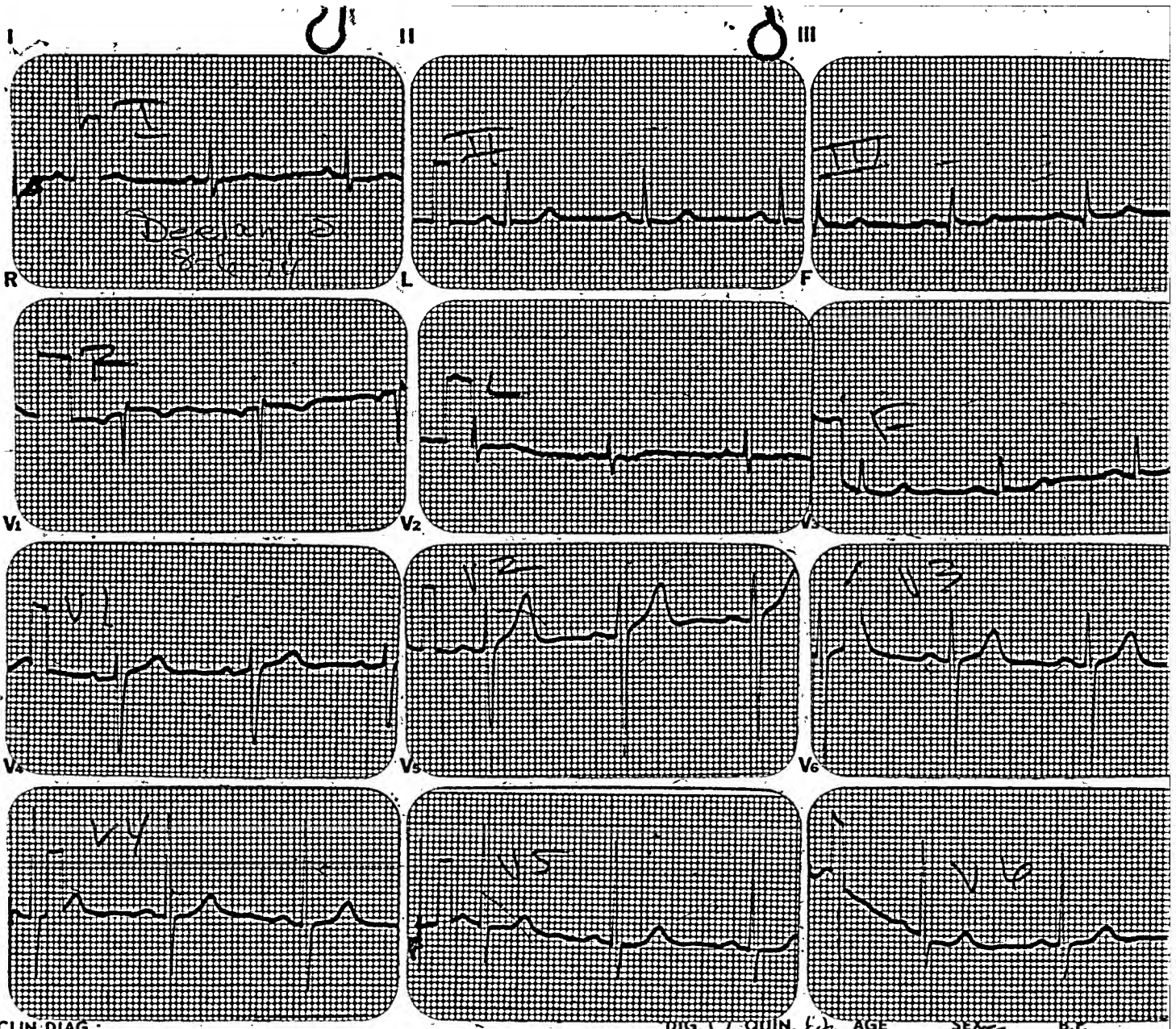
(18) - Age 12 Appendicitis  
(19) - 1947, auto accident, head injury, ribs, lungs  
Brooklyn, N.Y.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.  
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE JOSEPH G DEEGAN	SIGNATURE Joseph G Deegan
--	------------------------------

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY"  
25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in Items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE 7/24/75	SIGNATURE LCDR J. J. J. J.	NUMBER OF ATTACHED SHEETS
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CLIN. DIAG.:

DATE:

~~8/6/74~~

ECG DESCRIPTION:

*Antine*  
*TEST*

INTERPRETATION:

WNL  
MSCPT 8/7/72

DIG. 17 QUIN. AGE SEX B.P.

ECG REQUEST BY:

ATR. RATE VENTR. RATE

INTERVALS: P-R QRS QTc

AXIS: Normal + 60

RHYTHM: SINUS

PATIENT:

DEEGAN, JOSEPH E.

D.O.B. 10-FEB-25

SA-FBI.  
#1090-R-2131

2831-72

INTERPRETED BY

FBI. Rm. N.U.M.C.

*Deese*  
**F.B.I.**



## REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEECAN JOSEPH G</b>		2. SOCIAL SECURITY OR IDENTIFICATION NO. <b>090-12-2131</b>	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <b>7403 FAIRWOOD LANE FALLS CHURCH, VA, 22046</b>		4. POSITION (Title, grade, component) <b>SA</b>	
5. PURPOSE OF EXAMINATION <b>ANNUAL</b>	6. DATE OF EXAMINATION <b>8-6-74</b>	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) <b>NMHC</b>	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

*Very Good*

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Check each item)		(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughed up blood		Have vision in both eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bled excessively after injury or tooth extraction		Wear a hearing aid	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attempted suicide		Stutter or stammer habitually	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Been a sleepwalker		Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure
YES	NO	DON'T KNOW	(Check each item)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lameness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain

12. FEMALES ONLY: HAVE YOU EVER

<input type="checkbox"/>	Been treated for a female disorder
<input type="checkbox"/>	Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

**FBI AGENT**

14. ARE YOU (Check one)

☐ Right handed ☐ Left handed

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With Official Personnel Folder.

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		<p>15. Have you been refused employment or been unable to hold a job or stay in school because of:</p> <p>A. Sensitivity to chemicals, dust, sunlight, etc.</p> <p>B. Inability to perform certain motions.</p> <p>C. Inability to assume certain positions.</p> <p>D. Other medical reasons (If yes, give reasons.)</p> <p>16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)</p> <p>17. Have you ever been denied life insurance? (If yes, state reason and give details.)</p> <p>18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)</p> <p>19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)</p> <p>20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)</p> <p>21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)</p> <p>22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)</p> <p>23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)</p> <p>24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)</p>
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.</p> <p>I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>		
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE
		<i>Joseph G. Beegan</i>
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."</p> <p>25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p> <p style="text-align: center;"><i>NCS 46</i></p> <p style="text-align: center;"><i>Ben</i></p> <p style="text-align: center;"><i>Don</i></p> <p style="text-align: center;"><i>T</i></p>		
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE
		<i>5/16/71</i>
		SIGNATURE
		<i>[Signature]</i>
		NUMBER OF ATTACHED SHEETS

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED. YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. B. Inability to perform certain motions. C. Inability to assume certain positions. D. Other medical reasons (If yes, give reasons.)	(18) APPENDECTOMY 1939 (19) AUTO ACCIDENT 1947, RIB FRACTURE, HEAD INJURY and TORN LUNG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>			
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE	
JOSEPH G DEEGAN		Joseph G Deegan	
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY." 25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p>			
# 8 noted no real defects to current health good & employed last 10 years 93(115024) per question per her			
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE
JOSEPH I. WOLLMAN, MD		10 AUG 1973	
			NUMBER OF ATTACHED SHEETS

## REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN JOSEPH G</b>		2. SOCIAL SECURITY OR IDENTIFICATION NO. <b>090-12-2131</b>	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <b>7403 FAIRWOOD LANE FALLS CHURCH, VA 22046</b>		4. POSITION (Title, grade, component) <b>SPECIAL AGENT</b>	
5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION <b>8-10-73</b>	
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS. (Include ZIP Code)			

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

**GOOD**

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Check each item)		(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughed up blood		Have vision in both eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bled excessively after injury or tooth extraction		Wear a hearing aid	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attempted suicide		Stutter or stammer habitually	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Been a sleepwalker		Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (Include infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lameness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

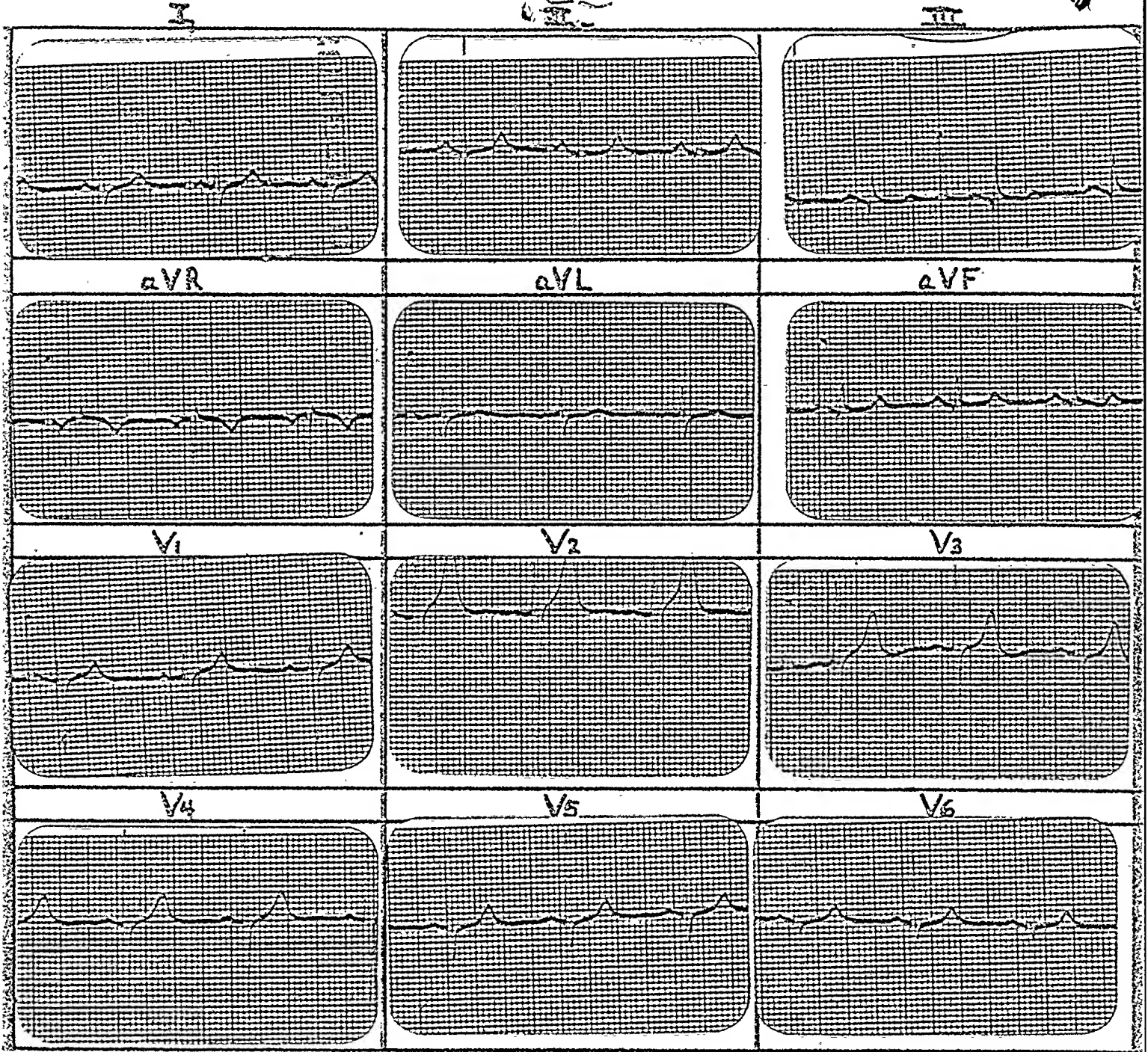
13. WHAT IS YOUR USUAL OCCUPATION? <b>INVESTIGATOR</b>		14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed	
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Do Not Transmit Enclosed Material  
With Official Personnel Folder.

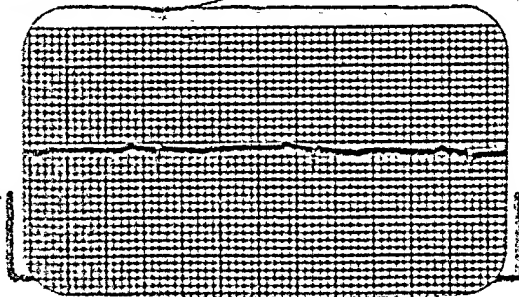
Duggan, Joseph H

ECG MOUNTING RECORD

Aug 73



V4a



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD						PREVIOUS ECG	
CLINICAL IMPRESSION <i>ROUTINE FOR FBI.</i>						MEDICATION						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
												<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN						DATE	
<i>48</i>	<i>M.</i>				<i>150</i>	<i>D. WOLLMAN</i>						<i>8/10/73</i>	
RHYTHM						AXIS DEVIATION (QRS)						RATES	
												AURIC.    VENT.	
INTERVALS						P WAVES							
PR                      QRS                      QT													
QRS COMPLEXES													
RS-T SEGMENT						T WAVES							
UNIPOLAR EXTREMITY LEADS (Specify)													
PRECORDIAL LEADS (Specify)													
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:													
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; left: 40%; font-size: 2em;">wrd</div> <div style="position: absolute; top: 10%; left: 55%; font-size: 2em;">2</div> <div style="position: absolute; top: 20%; left: 10%; font-size: 1.5em;">New</div> <div style="position: absolute; top: 20%; left: 42%; font-size: 0.8em;">(Continue on reverse)</div> <div style="position: absolute; top: 20%; left: 78%; font-size: 1.5em;">mub</div> </div>													
NO. ECG		SIGNATURE OF PHYSICIAN				PATIENT'S IDENTIFICATION NO.				DATE			
<i>734</i>		<i>[Signature]</i>				<i>F.B.I.</i>				<i>Phy. Exam. Sec.</i>			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.				WARD NO.			
<i>Deegan, Joseph G.</i>						<i>PHAMC.</i>				<i>Phy. Exam. Sec.</i>			
<i>DOB 2-10-25</i>													
<i>SSA 090-12-2131</i>													
<i>S.A. — FBI.</i>													

ELECTROCARDIOGRAPHIC RECORD  
(Attach Tracings to SF-507)

Standard Form 520  
Revised April 1968  
General Services Administration &  
Interagency Comm. on Medical Records  
FPMR 101-11-809-3  
520-105

GPO: 1970 384-606

**REPORT OF MEDICAL HISTORY**  
**U.S. Civil Service Employees and Applicants**

GCM  
Budget Bureau  
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN JOSEPH G</b>		2. TITLE OF POSITION <b>S A</b>	3. SOCIAL SECURITY NUMBER <b>1 1 1</b>
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <b>7403 FAIRWOOD LANE FALLS CHURCH VA 22046</b>		5. PURPOSE OF EXAMINATION <b>ANNUAL</b>	6. DATE OF EXAMINATION <b>8-7-72</b>
7. SEX <b>M</b>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY <b>3</b> CIVILIAN <b>20</b>	9. AGENCY <b>FBI</b>	10. ORGANIZATION UNIT
11. DATE OF BIRTH <b>2-10-25</b>	12. PLACE OF BIRTH <b>BROOKLYN NY</b>	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) <b>USN BETHESDA</b>	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)			

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>1</b>	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>20 yrs</b>	20. WHAT IS YOUR USUAL OCCUPATION? <b>FBI</b>	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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**Do Not Transmit Enclosed Material  
With Official Personnel Folder.**

OPTIONAL FORM 58  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE <b>JOSEPH G DEEGAN</b>	SIGNATURE <i>Joseph G Deegan</i>
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*N. - mumps and scarlet fever as a child  
- mild hay fever.  
- appendicitis as a child  
- kidney stone as a child  
- boils - occasional*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER <b>Dr. James Cawley</b>	DATE <i>May 1968</i>	SIGNATURE <i>James Cawley</i>	NUMBER OF ATTACHED SHEETS <b>1</b>
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# REPORT OF MEDICAL HISTORY

## U.S. Civil Service Employees and Applicants

Budget Bureau  
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN JOSEPH G</b>		2. TITLE OF POSITION <b>SPECIAL AGENT</b>		3. SOCIAL SECURITY NUMBER <b>0901212131</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <b>7403 FAIRWOOD LANE, FALLS CHURCH, VA 22046</b>		5. PURPOSE OF EXAMINATION <b>ANNUAL</b>		6. DATE OF EXAMINATION <b>7-28-71</b>	
7. SEX <b>M</b>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY <b>3 1/2</b> CIVILIAN <b>20</b>		9. AGENCY <b>FBI</b>		10. ORGANIZATION UNIT
11. DATE OF BIRTH <b>2-10-25</b>		12. PLACE OF BIRTH <b>BROOKLYN NY</b>		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) <b>VS NAVAL HOSPITAL, BETHESDA</b>	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <b>GOOD</b>					

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	COUGHED UP BLOOD
	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input checked="" type="checkbox"/>	bled excessively after injury or tooth extraction
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>		ASTHMA		<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
	<input checked="" type="checkbox"/>		DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH		<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>			MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
	<input checked="" type="checkbox"/>		COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
	<input checked="" type="checkbox"/>		EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>		FOOT TROUBLE
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		<input checked="" type="checkbox"/>		NEURITIS
	<input checked="" type="checkbox"/>		RUNNING EARS		<input checked="" type="checkbox"/>		JAUNDICE		<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
	<input checked="" type="checkbox"/>		HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		<input checked="" type="checkbox"/>		EPILEPSY OR FITS
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS		<input checked="" type="checkbox"/>		BROKEN BONES		<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
	<input checked="" type="checkbox"/>		SINUSITIS		<input checked="" type="checkbox"/>		RUPTURE/HERNIA		<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>			HAY FEVER	<input checked="" type="checkbox"/>			APPENDICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
	<input checked="" type="checkbox"/>		HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
	<input checked="" type="checkbox"/>		SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
	<input checked="" type="checkbox"/>		GOTTER	<input checked="" type="checkbox"/>			KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
	<input checked="" type="checkbox"/>		TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>		BOILS		<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>1</b>	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>20 YRS</b>	20. WHAT IS YOUR USUAL OCCUPATION? <b>FBI</b>	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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With Official Personnel Folder.

OPTIONAL FORM 58  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
		B. INABILITY TO PERFORM CERTAIN MOTIONS
		C. INABILITY TO ASSUME CERTAIN POSITIONS
		D. OTHER MEDICAL REASONS (If yes, give reasons)
		23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
		29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
		31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*all reviewed and not signed*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
MSCIRILL	7/28/77	RB Curillo	

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <b>ROUTINE</b>						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
AGE <b>46</b> SEX <b>M</b> RACE <b>CAU</b> HEIGHT <b>73"</b> WEIGHT <b>185</b> B. P.						SIGNATURE OF WARD PHYSICIAN <b>Dr Fox</b>		DATE <b>7-28-71</b>	
RHYTHM						AXIS DEVIATION (QRS) <b>+60°</b>		RATES AURIC. VENT.	
INTERVALS PR QRS <b>QT</b>						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

*WNL*

*NSC from 7/28/70*  
(Continue on reverse)

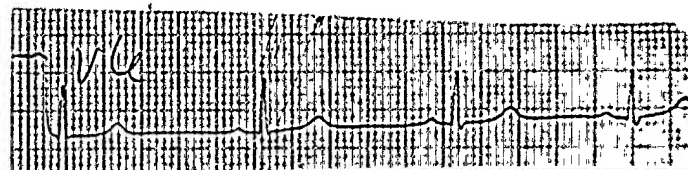
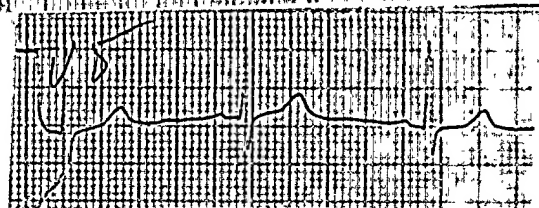
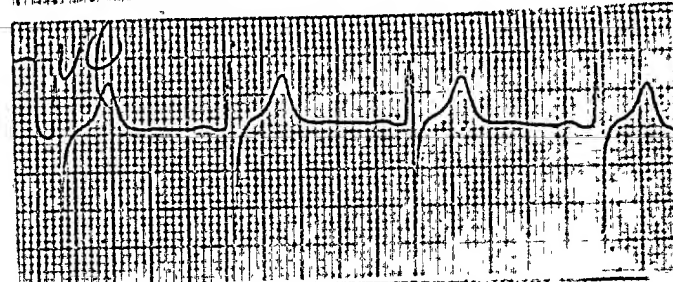
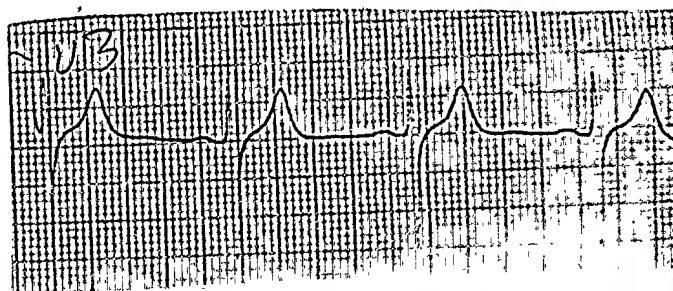
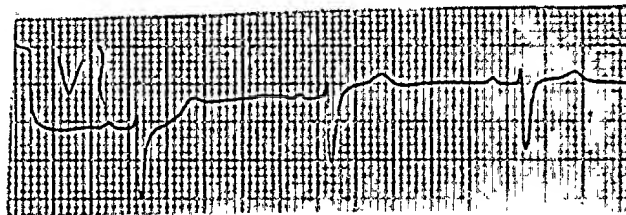
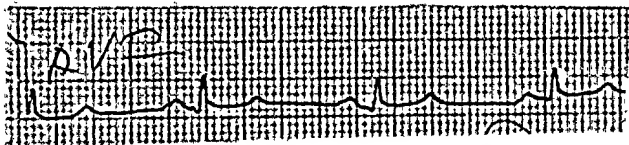
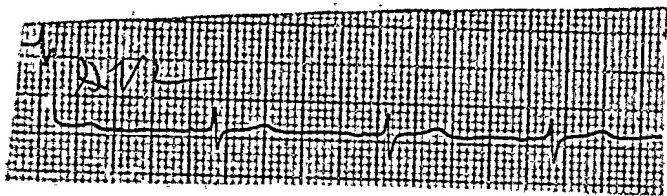
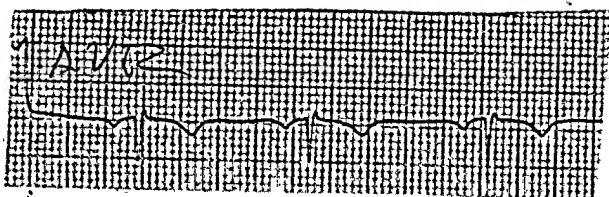
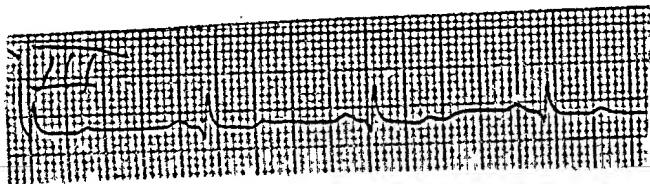
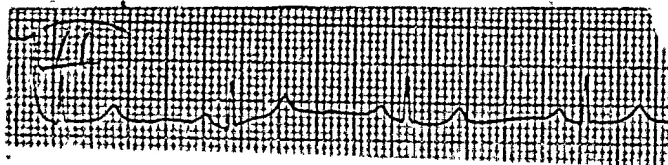
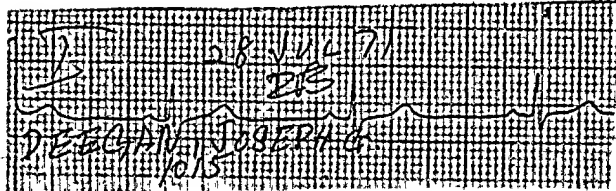
NO. ECG	SIGNATURE <i>ME Thompson</i>	TITLE	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries, give: Name—last, first, middle; grade; date; hospital or medical facility)

**DEEGAN, JOSEPH G**  
**NNMC 000-10-FEB-25**  
**S.A. FBI**

REGISTER NO. <b>FBI PE RM 200</b>	WARD NO. <b>T-18</b>
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ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
520-101  
(Attach tracings to S. F. 507)



# REPORT OF MEDICAL HISTORY

## U.S. Civil Service Employees and Applicants

Budget Bureau  
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Deegan Joseph George</b>		2. TITLE OF POSITION <b>Special Agent</b>		3. SOCIAL SECURITY NUMBER <b>090   12   2131</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <b>7403 Fairwood Lane Falls Church, Va. 22046</b>		5. PURPOSE OF EXAMINATION <b>Annual Examination</b>		6. DATE OF EXAMINATION <b>7/28/70</b>	
7. SEX <b>male</b>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY <b>3</b> CIVILIAN <b>19</b>	9. AGENCY <b>FBI</b>		10. ORGANIZATION UNIT	
11. DATE OF BIRTH <b>2/10/25</b>		12. PLACE OF BIRTH <b>Brooklyn, New York</b>		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) <b>U.S. Naval Hospital, Bethesda, Md.</b>	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)  <b>Good health</b>					

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input checked="" type="checkbox"/>	EVER WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	COUGHED UP BLOOD
	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>		ASTHMA		<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
	<input checked="" type="checkbox"/>		DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH		<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>			MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
	<input checked="" type="checkbox"/>		COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
	<input checked="" type="checkbox"/>		EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>		FOOT TROUBLE
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		<input checked="" type="checkbox"/>		NEURITIS
	<input checked="" type="checkbox"/>		RUNNING EARS		<input checked="" type="checkbox"/>		JAUNDICE		<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
	<input checked="" type="checkbox"/>		HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		<input checked="" type="checkbox"/>		EPILEPSY OR FITS
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>			BROKEN BONES		<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
	<input checked="" type="checkbox"/>		SINUSITIS		<input checked="" type="checkbox"/>		RUPTURE/HERNIA		<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
	<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>			APPENDICITIS		<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>			HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
	<input checked="" type="checkbox"/>		SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>			KIDNEY STONE OR BLOOD IN URINE		<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
	<input checked="" type="checkbox"/>		TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>			BOILS		<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>1</b>	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>19 YRS</b>	20. WHAT IS YOUR USUAL OCCUPATION? <b>INVESTIGATOR</b>	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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Do Not Transmit Enclosed Material  
With Official Personnel Folder.

OPTIONAL FORM 58  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

25. Appendicitis; 12

26. King's County Hospital  
Brooklyn, New York  
Result of automobile accident  
fractured skull, torn lung, 1949

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

Joseph G. Deegan

SIGNATURE

Joseph G. Deegan

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

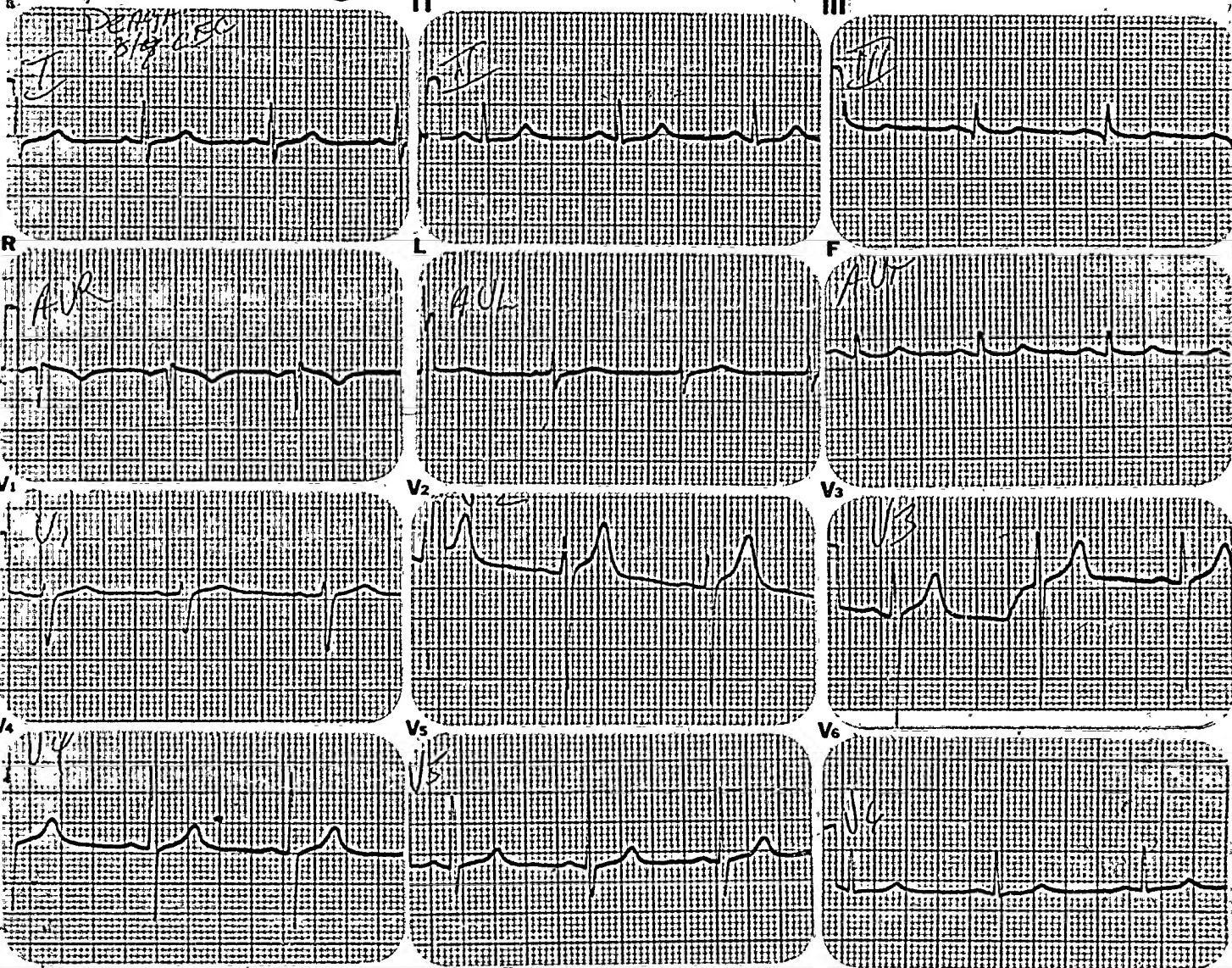
17. All items are past medical history & residual &  
No current symptoms  
26. Bulky removal & residual  
17 1-2

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS



CLIN. DIAG.:

DIG. ( ) QUIN. ( ) AGE <sup>47</sup> SEX <sup>M</sup> B.P. :

DATE:

8-7-72

ECG DESCRIPTION:

ROUTINE

INTERPRETATION:

WNL

ECG REQUEST BY <sup>Dr. Lee</sup>

ATR. RATE ..... VENTR. RATE .....

INTERVALS: P-R..... QRS..... QTc.....

AXIS:

RHYTHM:

NO SIGNIFICANT CHANGE  
SINCE 7/21

PATIENT

DEEGAN JG  
10FEB25

9-37-24  
FBI

PHY ONLY 09012-21-31

18 772-

PHY-EXAMS  
ROOM-209

PHYSICAL EXAM ROOM

<sup>Dr. Lee</sup>  
2/2/73



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Routine								<input type="checkbox"/> EMBRY <input type="checkbox"/> DEL. SIG. <input checked="" type="checkbox"/> XERO <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> AMBULAN.	
AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN		DATE	
45	M	Cauc	73	189		Dr Fox		7-28-70	
RHYTHM				AXIAL DEVIATION IN QRS				RATES	
Normal				+60°				AURIC 16 VENT	
INTERVALS				P WAVES					
PR	0.16	QRS	0.06	QT	0.36				
ST SEGMENT				T WAVES					
BIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES AND IMPLICATIONS

Normal  
SPT 4 Aug 69 N.S.C.

SIGNATURE		(Continue on reverse)		TITLE	
DEEGAN, JOSEPH G.		S.A. FB		NNMC	
PATIENT'S IDENTIFICATION		For typed or middle, grad		Written out - give: Name - last, first, date, hos, tal or medical facility	
DEEGAN, JOSEPH G.		S.A. FB		NNMC	
REGISTER NO.		WARD NO.			
P2 Rn 209					
ELECTROCARDIOGRAPHIC RECORD					
Standard Form 520					
(Attach tracings to S.F. 507)					



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <b>ROUTINE</b>				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
AGE <b>44</b> SEX <b>M</b> RACE <b>CAUC</b> HEIGHT <b>73"</b> WEIGHT <b>185</b> B.P. <b>110/70</b> SIGNATURE OF WARD PHYSICIAN <b>DR. FOX</b>				<input checked="" type="checkbox"/> ROUTINE				<input checked="" type="checkbox"/> AMBULANT	
RHYTHM				AXIS DEVIATION (QRS)				DATE <b>8-4-69</b>	
INTERVALS				RATES				AURIC. VENT.	
PR QRS QT				P WAVES					
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

**WNL**

(Continue on reverse)			
NO.	SIGNATURE	TITLE	DATE
ECG	<b>[Signature]</b>	<b>DR. CRUMPTON</b>	
PATIENT'S IDENTIFICATION (For typed or written on separate form: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
<b>DEEGAN JOSEPH G.</b>		<b>FBI</b>	<b>T-18</b>

**DEEGAN JOSEPH G.**  
**SA. FBI**  
**NAH C**

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
520-104  
(Attach tracings to S. F. 507)

# REPORT OF MEDICAL HISTORY

## U.S. Civil Service Employees and Applicants

Budget Bureau  
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>DEEGAN JOSEPH G</b>		2. TITLE OF POSITION <b>SPECIAL AGENT</b>		3. SOCIAL SECURITY NUMBER <b>0901212131</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <b>7403 FAIRWOOD LANE, FALLS CHURCH, VA 22046</b>		5. PURPOSE OF EXAMINATION <b>ANNUAL</b>		6. DATE OF EXAMINATION <b>8-8-69</b>	
7. SEX <b>M</b>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY <b>3</b> CIVILIAN <b>18</b>	9. AGENCY <b>FBI</b>		10. ORGANIZATION UNIT	
11. DATE OF BIRTH <b>2-10-25</b>		12. PLACE OF BIRTH <b>BROOKLYN, NY</b>		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) <b>U.S. NAVAL HOSPITAL BETHESDA</b>	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <b>Very Good</b>					

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	COUGHED UP BLOOD
	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>			SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>		ASTHMA		<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
	<input checked="" type="checkbox"/>		DIPHTHERIA		<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER		<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>		CHRONIC COUGH		<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>			MUMPS		<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
	<input checked="" type="checkbox"/>		COLOR BLINDNESS		<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
	<input checked="" type="checkbox"/>		EYE TROUBLE		<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>		FOOT TROUBLE
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE		<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		<input checked="" type="checkbox"/>		NEURITIS
	<input checked="" type="checkbox"/>		RUNNING EARS		<input checked="" type="checkbox"/>		JAUNDICE		<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
	<input checked="" type="checkbox"/>		HEARING LOSS		<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		<input checked="" type="checkbox"/>		EPILEPSY OR FITS
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>			BROKEN BONES		<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
	<input checked="" type="checkbox"/>		SINUSITIS		<input checked="" type="checkbox"/>		RUPTURE/HERNIA		<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>			HAY FEVER	<input checked="" type="checkbox"/>			APPENDICITIS		<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>			HEAD INJURY		<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
	<input checked="" type="checkbox"/>		SKIN DISEASES		<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
	<input checked="" type="checkbox"/>		GOITER		<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
	<input checked="" type="checkbox"/>		TUBERCULOSIS		<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>		BOILS		<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20. WHAT IS YOUR USUAL OCCUPATION?	21. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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Do Not Transmit Enclosed Material  
With Official Personnel Folder.

OPTIONAL FORM 58,  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

AUTO ACCIDENT, 1949,  
BROKEN RIBS, SKULL FRACTURE,  
LUNG PUNCTURE

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

JOSEPH G DEECAN

SIGNATURE

Joseph G Deegan

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

H. E. Campbell

NUMBER OF ATTACHED SHEETS

<b>CLINICAL RECORD</b>						<b>ELECTROCARDIOGRAPHIC RECORD</b>						PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION <i>Routine EKG for FBI</i>						MEDICATION						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE <i>40</i>	SEX <i>M</i>	RACE <i>Cauc</i>	HEIGHT <i>73 1/2</i>	WEIGHT <i>184</i>	B. P.	SIGNATURE OF WARD PHYSICIAN						DATE <i>9-16-65</i>	
RHYTHM						AXIS DEVIATION (QRS)						RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES							
QRS COMPLEXES													
RS-T SEGMENT						T WAVES							
UNIPOLAR EXTREMITY LEADS (Specify)													

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

ECG within normal limits.  
No change from previous tracing.

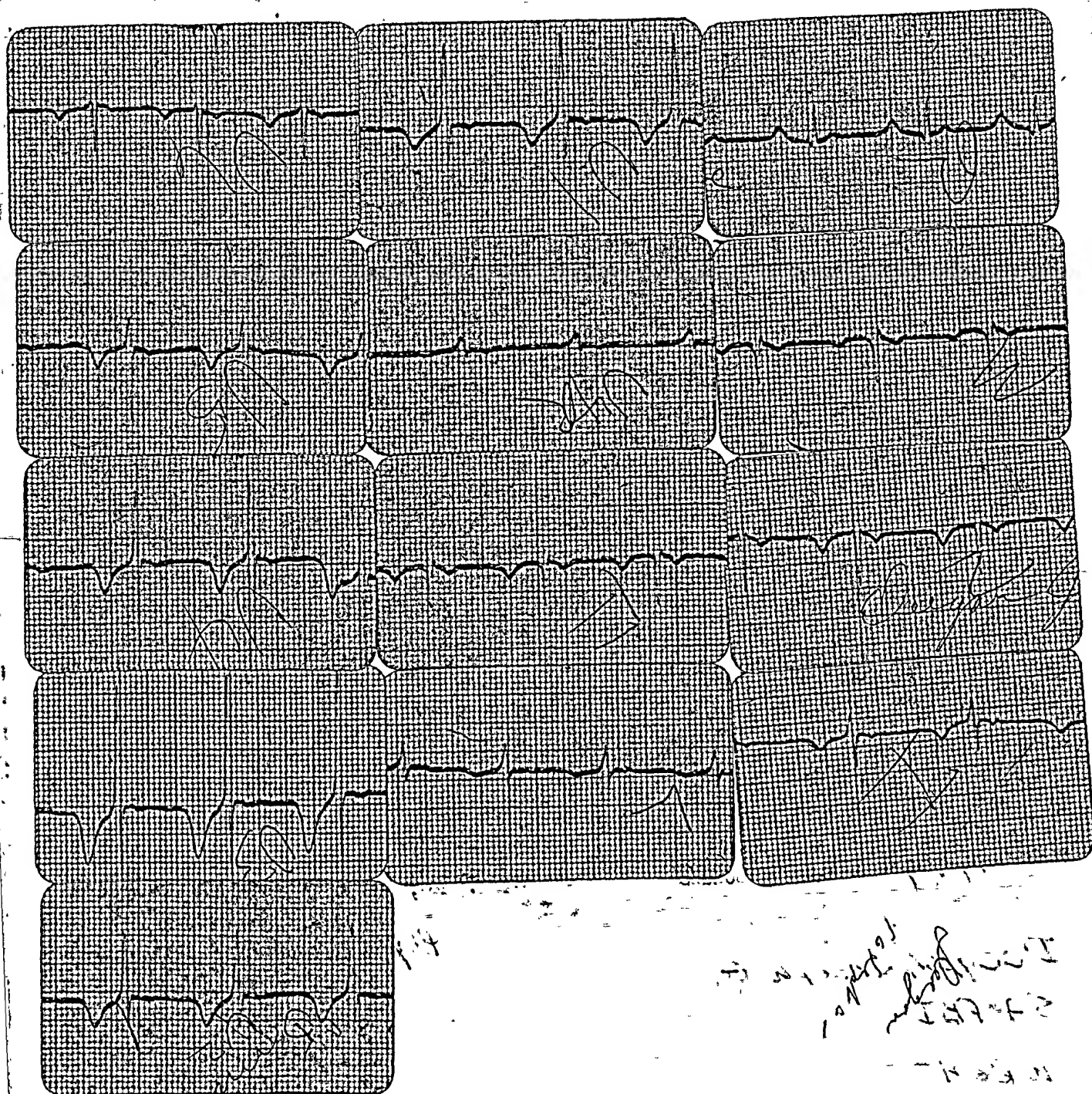
(Continue on reverse)

NO. ECG <i>1789</i>	SIGNATURE <i>F. L. BURGOS</i>	TITLE CAPT., MC, USAF	DATE <i>16 Sept 65</i>
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. <i>Physical Exam Section</i>	WARD NO.

*Deegan, Joseph G.*  
*SA-FBI*

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
520-104  
(Attach tracings to S. F. 507)

*WREN*



16/5/60

CLINICAL RECORD		ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION  ROUTINE EKG FOR FBI		MEDICATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT			
AGE 39	SEX M	RACE W	HEIGHT 73 1/2	WEIGHT 185	B. P.	SIGNATURE OF WARD PHYSICIAN <i>Renova</i>	DATE 9-24-64
RHYTHM			AXIS DEVIATION (QRS)		RATES AURIC. VENT.		
INTERVALS PR QRS QT			P WAVES				
QRS COMPLEXES							
RS-T SEGMENT				T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)							

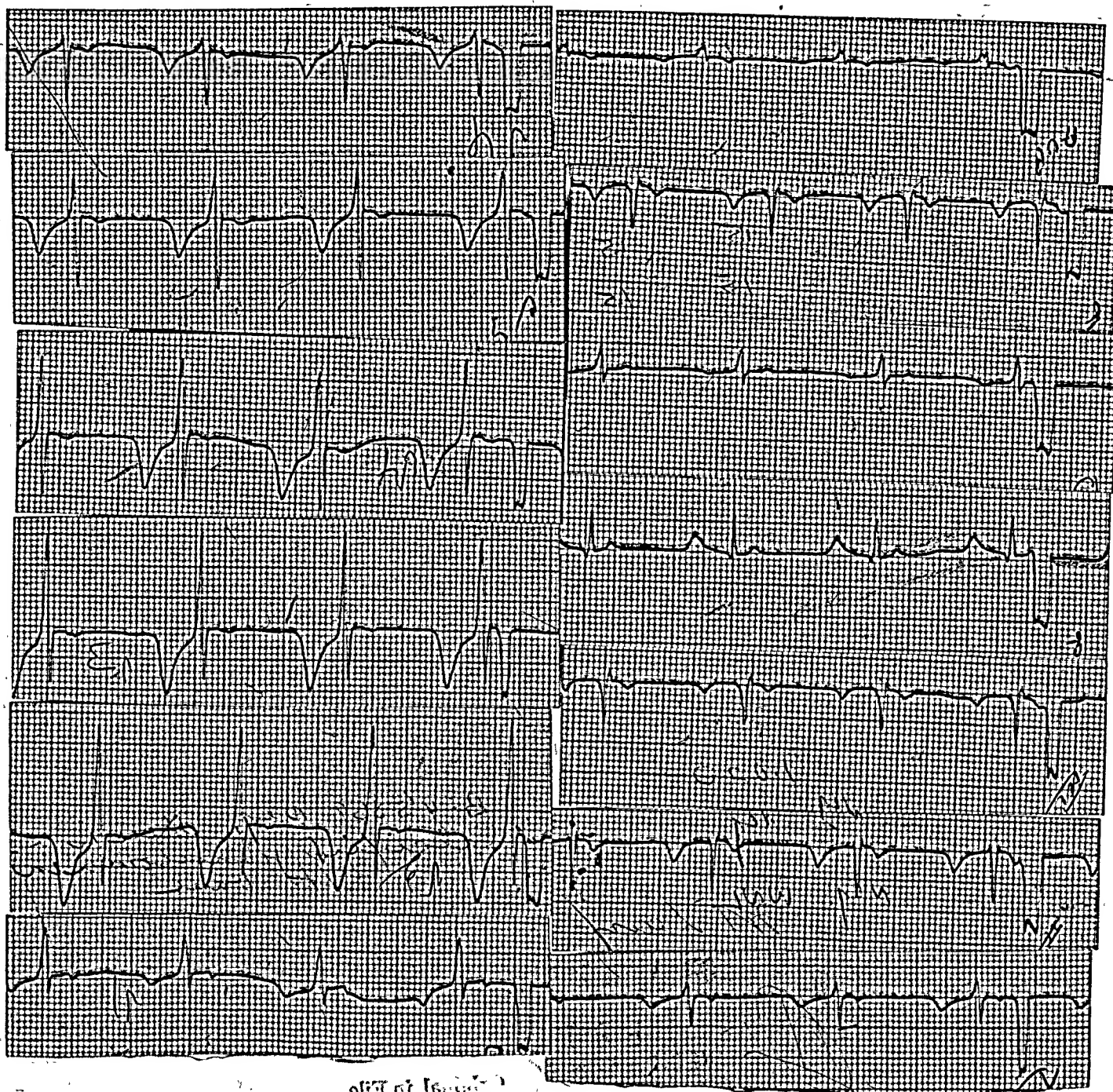
PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:  
ECG Within Normal Limits.

*QIR*

*N* (Continue on reverse)

NO. ECG 1074	SIGNATURE <i>Michael Levy</i> MICHAEL LEVY	TITLE CAPT. MC	DATE 24 Sept 64
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO. FBI F.Y.	WARD NO. XAM. SEC.
DEEGAN JOSEPH GEORGE		ELECTROCARDIOGRAPHIC RECORD	
DEGAN .. JOSEPH. GEORGE 24 SEPT 64			





CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☐ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY  
☒ ROUTINE

☐ BEDSIDE  
☒ AMBULANT

AGE SEX RACE HEIGHT WEIGHT B. P. SIGNATURE OF WARD PHYSICIAN

DATE

RHYTHM

AXIS DEVIATION (QRS)

RATES

INTERVALS

P WAVES

PR QRS QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG	V. D. Francis MD		9 Oct 62
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
			105

DEEGAN, J -

FBF

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520-104

(Attach tracings to S. F. 507)



CLINICAL RECORD

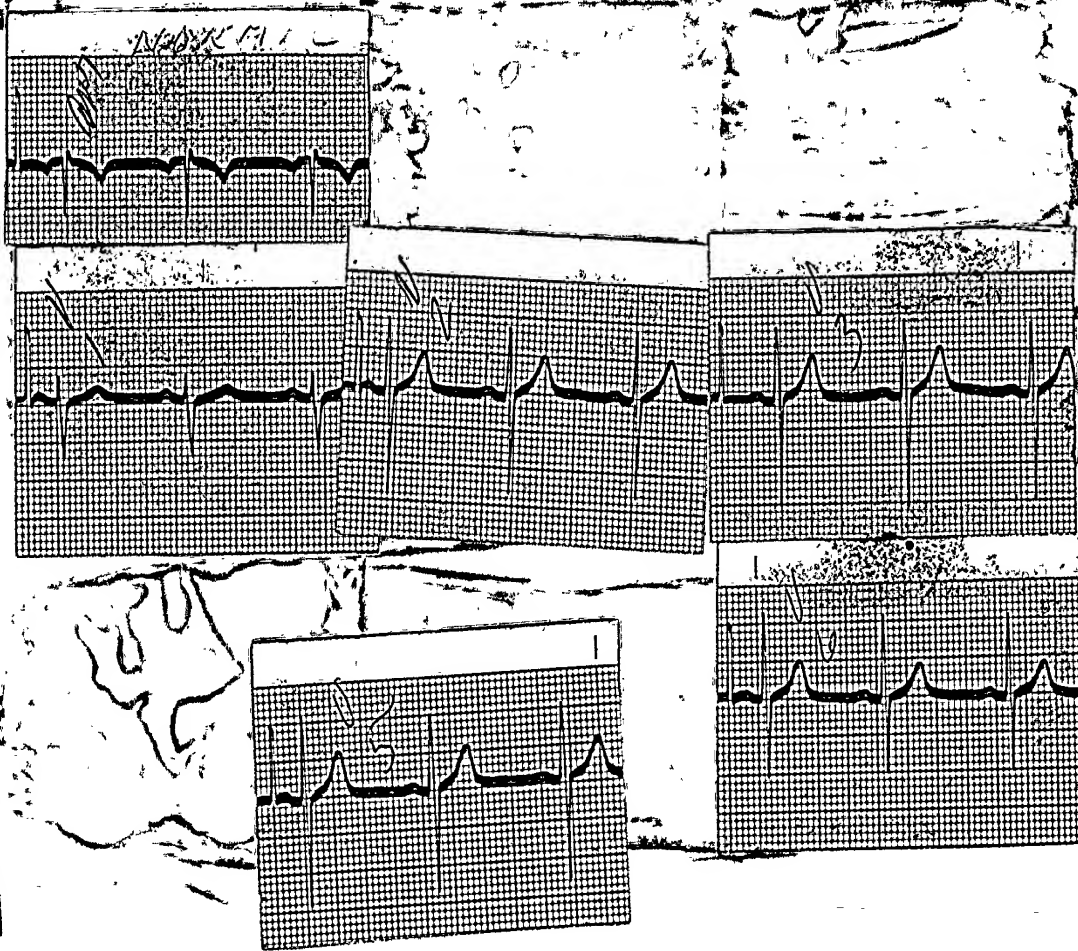
Report on \_\_\_\_\_

or

Continuation of S. F. \_\_\_\_\_

(Strike out one line) (Specify type of examination or data)

(Sign and date)



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

REPORT ON \_\_\_\_\_ or CONTINUATION OF \_\_\_\_\_

Standard Form 507  
507-104

A handwritten signature or initials, possibly "J. Lee", written in dark ink at the bottom right corner of the page.

CLINICAL RECORD							ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION							MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN				DATE
36	M	C								19 Sept 63
RHYTHM							AXIS DEVIATION (QRS)		RATES	
NORMAL SINUS							NONE		AURIC. 75 VENT. 75	
INTERVALS							P WAVES			
PR							QRS		QT	
QRS COMPLEXES										
RS-T SEGMENT							T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)										

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

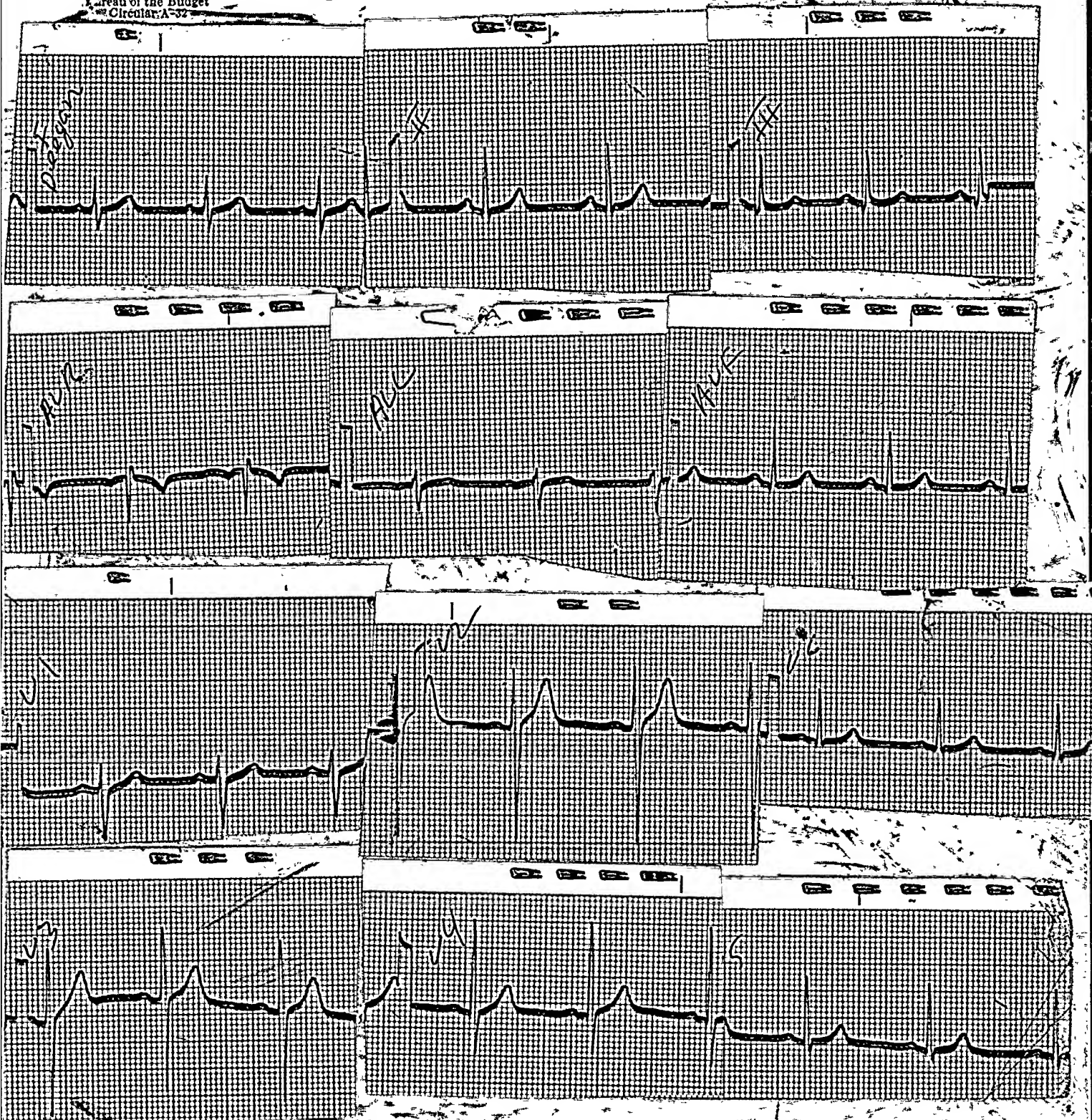
WNL

(Continue on reverse)

NO. ECG 576	SIGNATURE V.D. Deegan	TITLE	DATE 20 SEPT 63
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. ME

DEEGAN, J  
FBI

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
520-103  
(Attach tracings to S. F. 507)



(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

REPORT ON \_\_\_\_\_ or CONTINUATION OF \_\_\_\_\_

Standard Form 507  
507-103

gnd

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Long

DATE: 2-10-77

FROM : S. R. Burns

SUBJECT: SA JOSEPH G. DEEGAN  
Section Chief - Domestic Security Section  
General Investigative Division  
EOD 1-29-51; GS-16, \$39,600  
Age 52; Married - 6 Children

Assoc. Dir. \_\_\_\_\_  
Dep. AD Adm. \_\_\_\_\_  
Dep. AD Inv. \_\_\_\_\_  
Asst. Dir.: \_\_\_\_\_  
Adm. Serv. \_\_\_\_\_  
Ext. Affairs \_\_\_\_\_  
Fin. & Pers. \_\_\_\_\_  
Gen. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Inspection \_\_\_\_\_  
Intell. \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Plan. & Eval. \_\_\_\_\_  
Rec. Mgnt. \_\_\_\_\_  
Spec. Inv. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director Sec'y \_\_\_\_\_

The following is a summary of Mr. Deegan's record for the Director's use. By letter dated 1-14-77 he submitted his retirement to be effective 2-25-77.

The last adverse administrative action taken against him was a censure on 12-19-69. He has received several INCENTIVE AWARDS and numerous COMMENDATIONS, the most recent being on 12-27-76 for his excellent participation relative to the Terrorist Activity Seminar sponsored by the Stamford Forum for World Affairs.

On 1-20-76 the Director presented him with his Twenty-five Year Service Award Key. He celebrated his twenty-fifth anniversary on 1-29-76.

As noted on the attached cover page of his permanent brief, his sister is a former Bureau employee and her services were satisfactory.

REC-131

7-455043-248  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
5 FEB 16 1977  
86

TCK:sms (2)

Enclosures: Photograph and Cover Page of Permanent Brief



5010-108

FEB 18 1977 24

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

FBI/DOJ

UNITED STATES CIVIL SERVICE COMMISSION  
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH  
WASHINGTON, D. C. 20415

JOSEPH G. DEEGAN  
7403 FAIRMOUNT LN  
FAIRFAX CHURCH VA 22046

021025 CSD 607 463

Joseph G. Deegan

*Handwritten notes and signatures:*  
COPIES  
DEPOSIT  
MAY 1977

RCO:MLS 2-23-77	
TOTAL AMOUNT DUE 317.00	
IF ABOVE TOTAL INCLUDES BOTH A DEPOSIT AND REDEPOSIT, THE AMOUNT DUE FOR EACH IS	
REDEPOSIT	
DEPOSIT	317.00
PERIOD OF SERVICE COVERED	
FROM 10-13-48	TO 10-2-50
<small>PERIODS MARKED WITH AN asterisk (*) ARE REDEPOSITS. PERIODS WITH NO MARKING ARE DEPOSITS.</small>	

This bill shows the amount(s) due for the above period(s) of your service which is not covered by retirement deductions. The dates shown above, even though they may not agree exactly with the dates you claim, are based on official records certified to us by the agency having custody of the records. Explanation of deposit and redeposit due is given on the reverse side of this form.

This is not intended as a report of all of your service. Information concerning any service not shown may be obtained from your current employing agency.

Further interest charges may be avoided by paying the full amount now. However, if you cannot pay the full amount, you may make installment payments in the amount of \$25.00 or more at your convenience. After this bill has been paid in full, your claim will be reviewed, and if any additional interest is due, you will be notified. It will not be necessary for you to request a new statement. Additional interest will not be computed until the original bill is paid.

Payments should be made by check, money order, or draft, payable to the U. S. Civil Service Commission and sent to the Fiscal Division, Bureau of Retirement, Insurance, and Occupational Health, U. S. Civil Service Commission, Washington, D. C. 20415. Cash payments may be made in person at the Collection Section of the Fiscal Division. The enclosed Form Biri 49-112A should be presented with your payment, whether made by mail or in person. The form will be returned to you as your official receipt and will also show the balance due, if any.

ENCLOSURE

67-NOT RECORDED

5 FEB 9 1977

Enclosure

Part 3 - To Applicant

Refund and Deposit Section  
Claims Division

Please see other side.

*Handwritten signatures and dates:*  
12/1/77  
3/1/78

Joseph G. Deegan  
090-12-2131

4-13-71

The attached Standard Form 2803, Application to Make Deposit or Redeposit, is for your consideration in deciding whether to pay a deposit for Government service in a position where retirement deductions were not withheld or a redeposit where deductions were made but later refunded when you left the Government. You should carefully review the information sheet attached to SF 2803.

Should you decide to execute SF 2803, send it to the Bureau, Attention Voucher-Statistical Section. It will be forwarded from there to the Civil Service Commission and the Commission will advise you direct as to the amount of previous service creditable and the amount owed as either a deposit or redeposit. You should forward a copy of this information to the Voucher-Statistical Section in order to complete your FBI retirement record. That Section should also be advised when you have made the payment indicated.

USMC 4-5-44 to 2-1-47 - 2 yrs. 9 mos. 27 days  
USPO, \$1.42 per hr., part-time clerk. Pers.

Dept., General P.O., advised employed from  
10-18-48 to 10-3-49. Oath of Office taken  
as Temp. Sub. Clerk shows date of entrance  
on duty as 10-18-48. Resignation in folder  
dated 10-2-50. CSC will verify if SF-2803  
filed.

Ruth K. Wood

Enclosure

ENCLOSURE

## Duplicate Property Record

(This record is to be kept up-to-date)

RETYPE 8/16/83

Name JOSEPH G. DEEGANBureau Badge with case No. 3054Commission Card with case No. 6464FBI Handbook No. 6470Agent's Brief Case XGTR's No. A 3 967 013 thru A 3 967 020

FBI Identification Card No. \_\_\_\_\_

Credential Card (Non-Agent) No. \_\_\_\_\_

U. S. Government Operator's  
Identification Card No. \_\_\_\_\_

REMOVED FROM FIELD  
INDEXED  
67-1007 RECORDED

## Firearms:

Colt Official Police Revolver No. 725552Hip Holster and adapter for above X

S &amp; W Military &amp; Police Revolver No. \_\_\_\_\_

Hip Holster and adapter for above \_\_\_\_\_

*Ho*  
FEB 26 1979

## Authority Granted to Carry Personally Owned Firearms as Listed Below:

Date of Approval	Date Bureau Advised	Description	Approving SAC
		(Indicate make, type, caliber, and serial number)	
	12/20/63	.38 Police Positive Spec. Rev. 565443.	

1/23/63 CJA

DUPLICATE PROPERTY RECORD

(This record is to be kept up to date)

NAME Deegan, Joseph G.Bureau Badge with case No. 3054 ✓Commission Card with case No. 6464 ✓FBI Handbook No. 6470 ✓Agent's Brief Case X ✓GTR's No. ~~3943291~~ 3943300~~3959771~~ - 3959780 ✓A 3967 <sup>013</sup> - A 3,967-020~~A 3959771~~ - ~~A 3,959780~~

FBI Identification Card No. \_\_\_\_\_

Credential Card (Non-Agent) No. \_\_\_\_\_

U. S. Government Operator's  
Identification Card No. \_\_\_\_\_FIREARMS:Colt Official Police Revolver No. 725552 ✓Hip Holster and adapter for above X ✓

S &amp; W Military &amp; Police Revolver No. \_\_\_\_\_

Hip Holster and adapter for above \_\_\_\_\_

LB 11/17/58

JUL 14 1959



[illegible]

FEDERAL BUREAU OF INVESTIGATION  
FOIPA  
DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 24

Page 75 ~ Duplicate to Page 88 of Section 4

Page 80 ~ Duplicate to Page 89 of Section 4

Page 97 ~ Duplicate to Page 75 of Section 4

Page 244 ~ b7D

Page 345 ~ b6

Page 399 ~ Duplicate to Page 3 of Serial 246

Page 400 ~ Duplicate to Page 4 of Serial 246

Page 413 ~ Duplicate to Serial 69, Section 2

Page 414 ~ Duplicate to Page 2 of Serial 25

Page 415 ~ Duplicate to Serial 69, Section 2

Page 416 ~ Duplicate to Serial 69, Section 2

Page 417 ~ Duplicate to Serial 69, Section 2

Page 418 ~ Duplicate to Serial 69, Section 2

Page 419 ~ Duplicate to Serial 69, Section 2

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Page 421 ~ Duplicate to Serial 74, Section 2

Page 422 ~ Duplicate to Page 2 of Serial 25

Page 423 ~ Duplicate to Serial 74, Section 2

Page 424 ~ Duplicate to Serial 74, Section 2

Page 425 ~ Duplicate to Serial 74, Section 2

Page 426 ~ Duplicate to Serial 74, Section 2

Page 427 ~ Duplicate to Serial 74, Section 2

Page 436 ~ Duplicate to Page 76 of Section 4

Page 437 ~ Duplicate to Page 77 of Section 4